

Received and filed in the

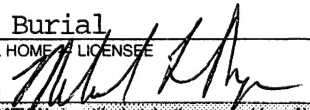
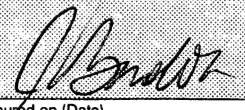
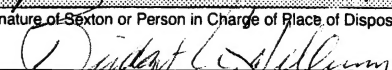
office of the Town Clerk Oct. 15, 2008 8:00am  
Washington State Burial - Transit Permit

8:00am

Paul J. Berry  
Town Clerk

Legal Name (Include AKA's if any) First		Middle	LAST	Suffix	Death Date
David		Hall	Aldrich		5/18/08
Sex (M/F)	Age - Last Birthday	Under 1 Year	Under 1 Day		County of Death
Male	67	Months Days	Hours Minutes		
Birthdate	Birthplace (City, Town, or County)		(State or Foreign Country)		
2/18/1941	Worcester		Massachusetts		
Place of Death, if Death Occurred in a Hospital:					
Place of Death, if Death Occurred Somewhere Other than a Hospital:					
Facility Name (If not a facility, give number & street or location)			City, Town, or Location of Death		State Zip Code
209 Mineral Rd. S. #9			Mineral		WA 98355
Method of Disposition		Place of Final Disposition (Name of cemetery, crematory, other place)		Location-City/Town, and State	
Cremation		Tacoma Crematory		Tacoma, WA	
Name and Complete Address of Funeral Facility					Date of Disposition
Gaffney Funeral Home, 1002 S. Yakima Ave. Tacoma, WA 98405					5/27/2008
Funeral Director Signature X					
This Burial Permit Must Accompany Remains to Destination					
A Certificate of Death having been Filed as Required by the Laws of the State of Washington, Permission is Hereby given to Dispose of the Body as Stated Above.					
Registrar Address					
Registrar Signature X					
Date Signed (MM/DD/YYYY)					
MAY 23 2008					
Cemetery or Crematory Fill in Below					
This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.					
Body was (Buried or Cremated) on (DATE) in (Cemetery or Crematory)					
Place Signature X					
Return within 10 days to the Registrar of the District in which the cemetery is located.					
Out - of - State Destination of Cremated Remains					
Name of Cemetery or Facility					
Rural Cemetery					
City/Town, and State					
Southborough, MA					
Cemetery Mgt: [Signature]					
Cremated remains of David H. Aldrich were buried in Sec.1-C, Lot 1-D, Grv#5A on Sept.25,2008					

PERMIT  
MUST  
Accompany  
Remains  
to  
DESTINATION

DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
		Ernest	R.	Axelson	Male	August 27, 2003
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	87	South Kingstown, Rhode Island				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN	STATE
Burial		Rural Cemetery			Southboro	MA
FUNERAL HOME LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				
(Signature) 		Matarese, 325 Main Street, Ashland, Massachusetts 01721				
<b>CERTIFICATION:</b> I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is <b>not</b> required, and that permission is hereby granted to dispose of this body.						
Signature of certifying Physician		Degree or title		Date signed		
		MD		8/28/03		
Authorized disposition as stated above occurred on (Date)		SECTION	Lot	Signature of Sexton or Person in Charge of Place of Disposition		
September 1, 2003		6	1A			

SEXTON  
must  
return  
permit  
to City  
or Town  
Clerk at  
Place of  
Disposal  
on Fifth  
of Next  
Month

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

**“FUNERAL HOME LICENSEE”:** The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON:** It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

*Amended Agreement for Judgment*

**ALDO A. CIPRIANO**  
ATTORNEY AND COUNSELLOR AT LAW

October 9, 2002

Paul Berry  
Southborough Town Clerk  
Town House  
17 Common Street  
Southborough, MA 01772

277 MAIN STREET  
VICTORIA BUILDING  
SECOND LEVEL • ATRIUM SUITE  
MARLBOROUGH, MASSACHUSETTS 01752  
TEL. (508) 485-7245  
FAX (508) 485-2304

Re: **Aspinwall v. Aspinwall and the Town of Southborough,**  
**Worcester Superior Court Docket No. 2001-02230-C**

Dear Mr. Berry:

Enclosed herewith please find Notice of Docket Entry from the Worcester Superior Court, together with copy of an Agreement for Judgment in the above referenced case.

We have confirmed with the Clerk of Courts Office at the Superior Court that this case is concluded and has been closed out.

Please maintain the attached enclosures with any Complaint or other Pleadings that may have been filed with your office.

Very truly yours,



Aldo A. Cipriano, Esq.  
Town Counsel

AAC/ldh

Encl.

cc: Janice Conlin



RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT.10,2002 2:20PM  
"EXHIBIT B"**Commonwealth of Massachusetts  
County of Worcester  
The Superior Court**  
PAUL J. BERRY  
TOWN CLERK

CIVIL DOCKET#: WOCV2001-02230-C

RE: Aspinwall v Aspinwall et al

TO: Robert P Jachowicz, Esquire  
Hargraves Karb Wilcox & Galvani  
550 Cochituate Road  
PO Box 966  
Framingham, MA 01701-0966**NOTICE OF DOCKET ENTRY**

You are hereby notified that on 09/24/2002 the following entry was made on the above referenced docket:

**Agreement for Judgment (see agreement). copy mailed 9-26-02**

Dated at Worcester, Massachusetts this 26th day of September,  
2002.

Corinne L. Gorman,  
Clerk of the CourtsBY: Alexander Rodriguez, III  
Assistant Clerk

Telephone: 508-770-1899, Ext. 125 or Ext. 105 (Session Clerk)

## "EXHIBIT A"

COMMONWEALTH OF MASSACHUSETTS  
SUPERIOR COURT DEPARTMENT OF THE TRIAL COURT

WORCESTER, SS

CIVIL ACTION NO 01-2230

PATRICIA ASPINWALL,

Plaintiff

v.

STEPHEN ASPINWALL, et. al. ,

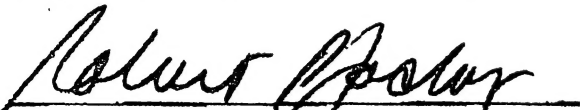
Defendants

## AGREEMENT FOR JUDGMENT

The parties stipulate and agree that a judgment shall enter as follows:

1. Judgment shall enter for the plaintiff Patricia Aspinwall for equitable relief on her complaint as follows: The plaintiff Patricia Aspinwall is authorized to exhume and relocate Frank Aspinwall's remains from his present resting place in the Southborough Rural Cemetery to one of the four lots owned by Patricia Aspinwall in another location in the same cemetery, the cost of said relocation and restoration of the existing plot (filling and reseeding) will be at the expense of Patricia Aspinwall. The Defendants agree that Frank Aspinwall's remains will not thereafter be moved, the new resting place will be the final resting place, and the Plaintiff agrees that the Defendants may leave their headstone as is, which presently has Frank Aspinwall's name engraved on it.
2. The cemetery supervisor, Bridget A. Gilleney is hereby ordered to permit and/or facilitate said relocation.
3. Judgment shall enter for the defendants/plaintiffs in counterclaim, Stephen Aspinwall, Deborah Mattioli, and Linda Markarian on their counterclaim in the amount of \$4,100.00.
4. All parties waive all rights of appeal.


Patricia Aspinwall  
by her attorneys  
Hargraves, Karb, Wilcox & Galvani, LLP



Robert P. Jachowicz, BBO 248380  
550 Cochituate Road, P. O. Box 966  
Framingham, MA 01701-0966  
(508) 620-0140

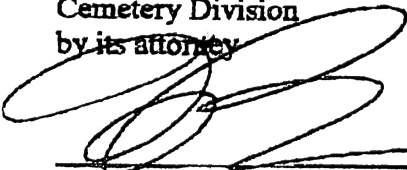
Stephen Aspinwall, Deborah Mattioli, Linda Markarian  
by their attorney,

9-3-02

  
Christopher Maffiucci BBO 645972  
Casener and Edwards, LLP  
One Federal Street  
Boston MA 02110  
(617) 426-5900

X 325

Town of Southborough  
Department of Public Works  
Cemetery Division  
by its attorney

  
Frederick Busconi BBO 067500  
392 Union Avenue  
Framingham MA 01702  
(508) 820-1111



State of Florida, Department of Health, Bureau of Vital Statistics  
BURIAL TRANSIT PERMIT

DATE PRINTED: October 2, 2018

TRACKING NUMBER: 2016198019

1. DECEDENT INFORMATION

Name of Deceased

EDWARD G BRIDGES

Place of Death - County

SARASOTA

City, Town or Location

SARASOTA

Name and Address of Funeral Home/Direct Disposal Establishment

GENDRON FUNERAL & CREMATION SERVICES INC-SARASOTA F065945  
135 NORTH LIME AVENUE  
SARASOTA, FLORIDA, 34237

7118 OCT 22 Date of Death

December 22, 2016

SOUTHBOROUGH, MA

Name of facility, or street address if not a facility

SARASOTA MEMORIAL HOSPITAL

Fla. Lic. No./Reg. No.

F065945

Phone Number

(941) 365-1767

Funeral Director/Direct Disposer

MICHAEL GENDRON

Fla. Lic. No./Reg. No.

F042014

Medical Verification Statement

Dana at the certifying physician's office, was contacted on 12/22/2016 by the funeral director listed above; he/she indicated that KEVIN JOSEPH DUNN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2016-F065945-5330

Date Issued: December 22, 2016

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12

Approval Number: C17-00019

4. CEMETERY OR CREMATORY

Place of Disposition: RURAL CEMETERY, SOUTHBOROUGH, MA

Method of Disposition: BURIAL OF CREMATED REMAINS

Date of Disposition: DEC 15, 2016

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

COPY



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: February 28, 2017

TRACKING NUMBER: 2017034588

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
JAMES R BATEMAN		February 27, 2017
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
SARASOTA	VENICE	VENICE REGIONAL BAYFRONT HEALTH
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
BERGEN FUNERAL SERVICE INC F039998 3107 DAVIS BLVD NAPLES, FLORIDA, 34104		F039998 (800) 338-3761
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
CATHERINE E. MILLER		F047506

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2017-F039998-5228

Date Issued: February 27, 2017

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4. CEMETERY OR CREMATORY

Place of Disposition: RURAL CEMETERY  
Method of Disposition: REMOVAL FROM STATE

*Southborough, MA*

Date of Disposition:

*Feb. 28, 2017*

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 328E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED  
TOWN CLERK'S OFFICE  
2017 MAR 13 P 3:01  
SOUTHBOROUGH, MA

RECEIVED  
TOWN CLERK'S OFFICE

2016 JUN -3 A 12:26

State of Florida, Department of Health, Bureau of Vital Statistics  
**BURIAL TRANSIT PERMIT**

SOUTHBOROUGH, MA

DATE PRINTED: January 6, 2016

TRACKING NUMBER: 2015196345

**1. DECEDENT INFORMATION**

<b>Name of Deceased</b>		<b>Date of Death</b>
ELSIE BAVERI		December 30, 2015
<b>Place of Death - County</b>	<b>City, Town or Location</b>	<b>Name of facility, or street address if not a facility</b>
HILLSBOROUGH	RUSKIN	SUN CITY SENIOR LIVING
<b>Name and Address of Funeral Home/Direct Disposal Establishment</b>		<b>Fla. Lic. No./Reg. No.</b>
NATIONAL CREMATION & BURIAL SOCIETY - RUSKIN F041736		<b>Phone Number</b>
308 E COLLEGE AVE		(813) 645-3231
RUSKIN, FLORIDA, 33570		
<b>Funeral Director/Direct Disposer</b>		<b>Fla. Lic. No./Reg. No.</b>
MICHAEL WEAKLAND		F081764

**2. BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.



Permit Number: 2015-F041736-5329

Date Issued: December 30, 2015

State Registrar

**3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION**

Authorization given by Medical Examiner District 13

Approval Number: 16-00113Q

**4. CEMETERY OR CREMATORY**

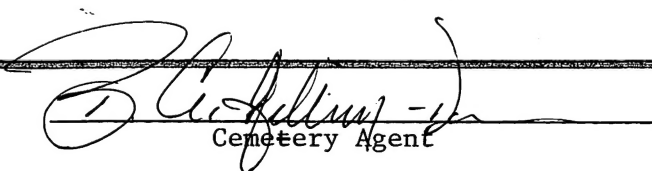
**Place of Disposition:** Rural Cemetery, Southborough, MA Sec.B-East, Lot 23, Grv#2A  
**Method of Disposition:** Burial of cremated remains **Date of Disposition:** May 27, 2016

**EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.**

**If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.**

DH 326E, 10/12

64V-1.011, Florida Administrative Code



Cemetery Agent

Received and filed in the Office of the Town Clerk Sept. 5, 2002 3:00pm

DISTRIBUTION OF COPIES: ☐ Place of Final Disposition  
☒ Place of Death

☐ Place Permit Issued  
☐ Issuing Clerk - Retain Until  
 Endorsement Received

STATE OF MAINE  
 DEPARTMENT OF HUMAN SERVICES

*Paul J. Berry*  
 Paul J. Berry  
 Town Clerk

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Sheila Wood Baker			2. DATE OF DEATH (Mo., Dy., Yr.) June 25, 2001		
3. SEX F	4. AGE 62	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Wells, Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Bibber Memorial Chapel, 111 Chapel Rd, Wells, ME 04090			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 01615		
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF  
 THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR <i>Douglas R. Bell</i>		11. CITY OR TOWN Wells		12. DATE SIGNED (Mo., Dy., Yr.) June 26, 2001	
<b>DISPOSITION</b>					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT		14. LOCATION (City or Town) (State)		
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		16. DATE (Mo., Dy., Yr.)		
REMAINS WERE: <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Laurel Hill Crematory		18. LOCATION (City or Town) (State) Saco, Maine		
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>James Hill</i>		20. DATE (Mo., Dy., Yr.) 6/29/2001		
DISPOSITION OF CREMAINS: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT Rural Cemetery Section 13, Lot 37 Grave# <u>A</u>		22. LOCATION (City or Town) (State) Southborough, MA		
	23. SIGNATURE OF RESPONSIBLE PERSON → <i>Edward C. Gillingham</i>		24. DATE (Mo., Dy., Yr.) 8/24/2002		
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT		26. LOCATION (City or Town) (State)		
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		28. DATE (Mo., Dy., Yr.)		

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

# Certificate For Burial Of Cremated Remains

Issued by

**PHOENIX CREMATORY**

Hampton, New Hampshire

I hereby certify that the burial permit and the medical examiner's certificate prerequisite to

cremating the body of **Donald R. Banks**

late of **Dover, New Hampshire** have been duly presented, the same showing the

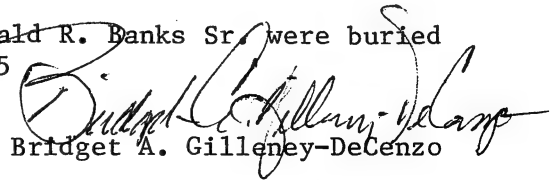
death occurred at **Dover, New Hampshire** on **May 25, 2005**

Age **81** Date of Cremation **05/30/2005** Cremation Number **6132**

Date **05/30/2005**

  
Certified by

I hereby certify that the cremated remains of Donald R. Banks Sr. were buried  
in Rural Cemetery of Southborough, MA on May 31, 2005

  
Bridget A. Gilleney-DeCenzo



FORM BT-1, 1/96

*Paul J. Berry*

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN <b>Paul J. Berry Town Clerk</b>	
3. DECEDENT'S NAME (First, Middle, Last) <b>ELEANOR JOYCE BANKS</b>		4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>MARCH 18, 2007</b>	
6. AGE <b>82 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>MARCH 20, 1924</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>DOVER</b>		9. COUNTY OF DEATH <b>STRAFFORD</b>
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>PHOENIX CREMATORY</b>		12. LOCATION (City/Town, State) <b>HAMPTON, NH</b>
13. DATE OF DISPOSITION (Refer to 19a) <b>MARCH 20, 2007</b>		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>RURAL CEMETERY</b>		
CODE: <b>3</b>		15. LOCATION (City/Town, State) <b>SOUTHBORO, MA</b>		
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>				
16. FUNERAL DIRECTOR <b>ROBERT T MARGGRAF</b>		17. N.H. LIC. NO ONLY <b>968</b>	18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>TASKER FUNERAL HOME, DOVER, NH</b>	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) <b>GROVER L TASKER SR</b>		20. CITY/TOWN <b>DOVER</b>		21. DATE ISSUED (Month, Day, Year) <b>MARCH 20, 2007</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>CREMATION BURIAL</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>3-26-07</i>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>RURAL CEMETERY SOUTHBORO, MA</i>
30. SECTION <i>East, Lot 30</i>	31. GRAVE NO. <i>18</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>[Signature]</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

*COPY*



RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JULY 17, 2002 AT 10:00 AM

**State of Florida, Department of Health, Vital Statistics**  
**APPLICATION FOR BURIAL - TRANSIT PERMIT**

PAUL J. BERRY, TOWN CLERK

A. (TYPE)

1. Name of Deceased	First Anna	Middle M.	Last Beliveau	Date of Death	Month June	Day 25,	Year 2002
2. Place of Death	City, Town or Location Brevard Indian Harbour Beach			Name of (If neither, give street address) Hosp. or Inst. 1136 Pinetree Drive			
3. Name of Medical Certifier	Satish Mital, M.D.			Address 290 Michigan Avenue Melbourne, Florida 32901		Phone Number (321) 727-0911	
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician						
4. Name of Funeral Home/Direct Disposal Establishment	Beach Funeral Home East Chapel			Address 1689 S. Patrick Drive Indian Harbour Beach, FL 32937		Fla. Lic. No./Reg. No. 1491 Phone No. (Area Code) (321) 777-4640	
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	David P. Molineaux			Signature <i>David P. Molineaux</i>		F.E. No./Reg. No. 1929 Date Signed June 26, 2002	

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body.

Permit No. 1491-02-149

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

*Nancy H. Molineaux*

Date

Issued: 06/26/02

Date Certificate

Due: \_\_\_\_\_

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_

Date \_\_\_\_\_

Medical Examiner, \_\_\_\_\_

gave authorization by telephone to \_\_\_\_\_

Funeral Director/Direct Disposer. \_\_\_\_\_

Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition:

Place of Disposition

Southborough Rural Cemetery  
 Southborough, MA

☒ BURIAL☐ STORAGE

Date of Disposition June 28, 2002

☐ CREMATION☒ OTHER (Specify)

Removal from state

Signature of Sexton  
 or Person-in-Charge

*David P. Molineaux*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

## APPLICATION FOR PERMIT

### Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. ~~Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.~~
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

## BURIAL-TRANSIT PERMIT

### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

## AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

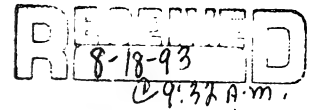
## CEMETERY OR CREMATORY

### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition, fill in the date and place of disposition in space provided



## APPLICATION FOR BURIAL — TRANSIT PERMIT



A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
PATRICIA				BERARD			
2. Place of Death				Name of (If neither, give street address)			
County				Hosp. or Inst.			
PINELLAS				Deluxe Care Inn			
3. Name of Medical Certifier				Address			
Harpreet Singh, M.D.				2525 Pasadena Ave. South, South Pasadena, FL			
4. Name of Funeral Home/Direct Disposer				Phone Number			
Mathews-Palms Memorial Funeral Directors, Inc.				360-0852			
5. Check appropriate Box				6. Place of Final Disposition:			
a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.				In state cemetery/crematory - name/county:			
b <input checked="" type="checkbox"/> Dorothy was contacted on 8/8/93 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Singh will complete and sign the medical certification of cause of death.				Removal from state <input checked="" type="checkbox"/> Donation <input type="checkbox"/>			
c <input type="checkbox"/> was contacted on . He/she verified that , Medical Examiner, will complete and sign the medical certification.				7. Funeral Director/Direct Disposer			
Signature				F.E. No./Reg. No.			
Donald Singh				000973			
Date Signed				Aug. 8, 1993			

B.

## BURIAL — TRANSIT PERMIT

Permit No. 1346-4411

Permission is hereby granted to dispose of this body.

- ☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.
- ☐ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature William Bishop Date Issued: 8-9-93 Date Certificate Due: 8/20/93

C.

## AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_

or

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_

Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

## CEMETERY OR CREMATORY

Methods of Disposition:

☒ BURIAL ☐ STORAGE

☐ CREMATION ☐ OTHER (Specify)

Signature of Sexton or Person-in-Charge Budget C. Sullivan

Place of Disposition Rural Cemetery Southborough, MA

Date of Disposition August 11, 1993

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

**INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION  
FOR BURIAL—TRANSIT PERMIT FORM**

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**APPLICATION FOR PERMIT**

**Section A.**

1. Type or print name of deceased and date of death.
  2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
  3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death.
  4. Indicate name, address, and telephone number of funeral home or direct disposal establishment.
  5.
    - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
    - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
    - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
  6. Requires signature of applicant, Florida License/Registration number, and date application signed.
- 

**BURIAL—TRANSIT PERMIT**

**Section B.**

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

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**Section C.**

**AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA**

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

---

**Section D.**

**CEMETERY OR CREMATORY**

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



## State of Florida, Department of Health, Bureau of Vital Statistics

## BURIAL TRANSIT PERMIT

DATE PRINTED: August 19, 2015

TRACKING NUMBER: 2015122548

SOUTHBOUROUGH, MA

1.

## DECEDENT INFORMATION

Name of Deceased		Date of Death
LAURA BERTHA BERNARD		August 10, 2015
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HERNANDO	BROOKSVILLE	OAK HILL HOSPITAL
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No.
TURNER FUNERAL HOMES, CREMATORY & CEMETERY - SPRING HILL F078977		F078977
14360 SPRING HILL DR		Phone Number
SPRING HILL, FLORIDA, 34609		(352) 796-8861
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
STEVEN M. DUNN		F046798

2.

## BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

*Ken Jones*  
State Registrar

Permit Number: 2015-F078977-5184

Date Issued: August 11, 2015

## 3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 5

Approval Number: 07333

4.

## CEMETERY OR CREMATORY

Place of Disposition: Rural Cemetery, Southborough, MA Sec.1-B, Lot C-2, Grv#1A  
Method of Disposition: Burial of cremated remains Date of Disposition: October 17, 2015

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 328E, 10/12

64V-1.011, Florida Administrative Code



## APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First Mary	Middle F.	Last Biondi	DATE OF DEATH	Month March	Day 9	Year 1990
2. Place of Death	City, Town or Location Broward Fort Lauderdale		Name of (If neither, give street address) Hosp. or Inst. North Beach Hospital				
3. Name of Medical Certifier	Medical Examiner <input type="checkbox"/> George Azar, M.D.		Address 6405 N. Federal Highway, Ft. Lauderdale, Fl. 33308		Phone Number 938-0037		
4. Name of Funeral Home/ Direct Disposer		Address Baird-Case Funeral Homes 4343 N. Federal Highway Ft. Lauderdale, Fl. 33308		Fla. Lic. No./Reg. No. 407	Phone Number (Area Code) 305 492-4000		
5. Check Appropriate Box	a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b <input checked="" type="checkbox"/> Dr. Azar was contacted on 3-12-90 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that He will complete and sign the medical certification of cause of death.						
	c <input type="checkbox"/> was contacted on . He/she verified that , Medical Examiner, will complete and sign the medical certification.						
6. Place of Final Disposition:	Rural Cemetery Southborough, Mass.	<input checked="" type="checkbox"/> In state cemetery/crematory - name/county:		<input checked="" type="checkbox"/> Removal from state		<input type="checkbox"/> Donation	
7. Funeral Director/ Direct Disposer	Anthony J. Ceraso		Signature Anthony J. Ceraso	F.E. No./Reg. No. FE3192	Date Signed March 10, 1990		

## BURIAL — TRANSIT PERMIT

B. Permission is hereby granted to dispose of this body. Permit No. 407-9892

☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☐ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature Francis C. Grap, Sub Reg. Date Issued: March 12, 1990 Date Certificate Due: \_\_\_\_\_

## C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_

or

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_

\_\_\_\_\_ Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

## D. CEMETERY OR CREMATORY

Methods of Disposition:

☒ BURIAL ☐ STORAGE

☐ CREMATION ☐ OTHER (Specify)

Signature of Sexton or Person-in-Charge Budget C. Gillman (Sexton)

Place of Disposition Rural Cemetery Southborough, Mass.

Date of Disposition March 13, 1990

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

**INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION  
FOR BURIAL—TRANSIT PERMIT FORM**

---

**APPLICATION FOR PERMIT**

Section A.

1. Type or print name of deceased and date of death.
  2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
  3. Indicate the name and address of the Medical Examiner or physician who you determine is to provide the medical certification of cause of death.
  4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
  5.
    - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
    - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
    - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
  6. Indicate place of disposition; check appropriate box.
  7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.
- 

**BURIAL—TRANSIT PERMIT**

Section B.

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

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**AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA**

Section C.

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

---

**CEMETERY OR CREMATORY**

Section D.

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



Received and filed in the Office of the Town Clerk Sept. 30, 2004 4pm

State of Florida, Department of Health, Vital Statistics

## APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

A. (TYPE)

1. Name of Deceased	First <b>Allison</b>	Middle <b>R.</b>	Last <b>Booth</b>	Date of Death Month <b>March</b> Day <b>27</b> Year <b>2004</b>
2. Place of Death County	City, Town or Location <b>Brevard Melbourne</b>			Name of (If neither, give street address) Hosp. or Inst. <b>Atlantic Shores</b>
3. Name of Medical Certifier <b>Raymond Adamick</b>	Address <b>5303 Babcock Street NE Palm Bay, Florida 32905</b>			Phone Number <b>321-828-9009</b>
<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician				
4. Name of Funeral Home/Direct Disposal Establishment <b>Fountainhead Funeral</b>	Address <b>7303 Babcock Street SE Palm Bay, Florida 32909</b>		Fla. Lic. No./Reg. No. <b>PH1442</b>	Phone No. (Area Code) <b>321-727-3977</b>
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.			
	b. <input checked="" type="checkbox"/> <b>Melinda</b> was contacted on <b>March 29, 2004</b> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <b>Dr. Raymond Adamick</b> will complete and sign the medical certification of cause of death within 72 hours.			
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____ Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.			
6. Funeral Director/Direct Disposer	Signature <i>[Signature]</i>		F.E. No./Reg. No. <b>FE5993</b>	Date Signed <b>March 30, 2004</b>

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body.

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *[Signature]* Date Issued: **3/30/04** Date Certificate Due: \_\_\_\_\_

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: **004 04 033** Date: **Apr 15 2004**

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to **SUSAN PIERCE** Funeral Director/Direct Disposer Date: **Apr 15 2004**

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY**

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: \_\_\_\_\_

2. Date Temporary Certificate was filed with Local Registrar: \_\_\_\_\_

3. Date Permanent Certificate was filed with Local Registrar: \_\_\_\_\_

4. Follow-up efforts & activities (Note parties & dates contacted): \_\_\_\_\_

5. Name and place of disposition: \_\_\_\_\_

6. Funeral Director/Direct Disposer Report Filed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Filed: \_\_\_\_\_

I hereby certify that the cremated remains of Allison R. Booth were buried at Rural Cemetery Southborough, MA in Lot No.15, Sec. D, & in Grv#1A on Sept.21, 2004

FUNERAL DIRECTOR/DIRECT DISPOSER COPY

Bridget A. Gilleney-DeCenzo

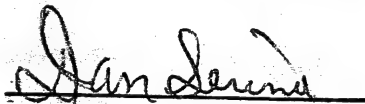
*[Signature]*

# CREMATION CERTIFICATE



Date JUNE 26, 2012

East Bay Crematory, Inc. Certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body of ELEONORA F. BURKE who died on JUNE 22, 2012 have been duly presented.



East Bay Crematory, Inc.  
East Providence, R.I. 02914  
401-438-1135

Cremation No. 12-8483

Cremation Date 7-3-12

I hereby certify that the cremated remains of Eleonora F. Burke accompanying this certificate was disposed of in accordance with it's terms.

At Rural Cemetery Town Southborough, MA

on August 11, 2012 Final Disposition C-West, Lot 53N, Grv#2A

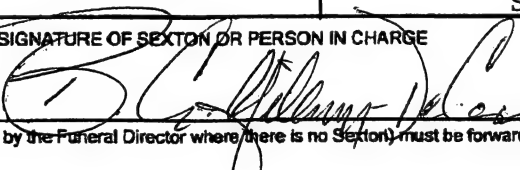
Certified by   
Cemetery Supervisor

RECEIVED  
TOWN CLERK'S OFFICE

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

2011 APR 5 A 11:46  
SOUTHBOROUGH, MA

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>IRENE BURKE</b>			4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>MARCH 23, 2011</b>
6. AGE <b>82 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>AUGUST 25, 1928</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>PORTSMOUTH</b>		9. COUNTY OF DEATH <b>ROCKINGHAM</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: <b>1</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETARY</b>				
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>MARCH 26, 2011</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR <b>ROBERT K GRAY JR</b>			17. N.H. LIC. NUM ONLY <b>794</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>ROBERT K GRAY JR FUNERAL HOME, HAMPTON, NH</b>				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) <b>ROBERT K GRAY JR</b>		20. CITY/TOWN <b>PORTSMOUTH</b>		21. DATE ISSUED (Month, Day, Year) <b>MARCH 23, 2011</b>
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Buried</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>3/26/2011</b>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>F</b>	31. GRAVE NO. <b>17</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

RECEIVED  
TOWN CLERK'S OFFICE

2015 AUG 11 P 3:11

SOUTHBOROUGH, MA

*mg*

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT MUST  
Accompany  
Remains to  
DESTINATION

SEXTON must  
return permit to  
City or Town  
Clerk at Place of  
Disposal on Fifth  
of Next Month

DECEASED - FIRST NAME <b>Kevin</b>		MIDDLE <b>Philip</b>	LAST <b>Burke</b>	SEX <b>Male</b>	Permit number
DATE OF DEATH (Month, day, year) <b>6-18-2015</b>					
RACE <b>White</b>	AGE <b>70</b>	PLACE OF DEATH (City or town, state) <b>South Kingstown, Rhode Island</b>			
BURIAL, CREMATION, DONATION, OTHER (Specify) <b>Burial of cremated remains Sec.C-West, Lot 53n, Grv#1A</b>		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CITY OR TOWN STATE <b>Rural Cemetery Southborough, MA</b>			
FUNERAL HOME - LICENSEE Signature: <i>[Signature]</i>		FUNERAL HOME - Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) <b>Avery-Storti 88 Columbia st Wakefield, RI 02879</b>			
CERTIFICATION: I certify that death occurred from natural causes, that (see Reverse Side) referral to the Medical Examiner is NOT required, and that permission is hereby granted to dispose of this body.					
Signature of Physician <i>[Signature]</i>		Degree or title <b>MD</b>		Date signed <b>6-18-2015</b>	
Authorized disposition as state above occurred on (Date) <b>August 8, 2015</b>		Tomb <b>Sec.C-West, Lot53</b>		Lot <b>Lot</b>	
Signature of Sexton or Person in Charge of Place of Disposition <i>[Signature]</i>					

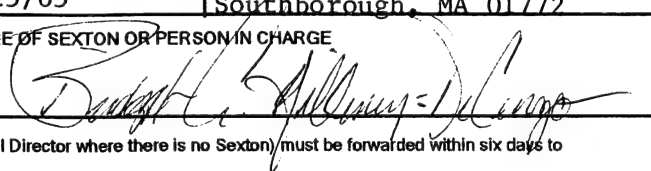
THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Paul J. Berry, Town Clerk

FORM BT-1, 1/96

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>CHARLES LOWELL BURNETT</b>			4. SEX <b>MALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>FEBRUARY 18, 2005</b>
6. AGE <b>85 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>MARCH 20, 1919</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>EXETER</b>		9. COUNTY OF DEATH <b>ROCKINGHAM</b>
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>BREWITT CREMATORY</b>		12. LOCATION (City/Town, State) <b>EPPING, NH</b>
13. DATE OF DISPOSITION (Refer to 19a) <b>FEBRUARY 21, 2005</b>		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		
CODE: 3		15. LOCATION (City/Town, State)		
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR <b>MIGUEL J BREWITT</b>		17. N.H. LIC. NO ONLY <b>815</b>	18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>BREWITT FUNERAL SERVICE AND CREMATORY, EXETER, NH</b>	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) <b>THOMAS BREWITT</b>		20. CITY/TOWN <b>EXETER</b>	21. DATE ISSUED (Month, Day, Year) <b>FEBRUARY 18, 2005</b>	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Cremated remains were buried in Burnett Burial Park</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>2/25/05</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Burnett Burial Park Southborough, MA 01772</b>	
30. SECTION <b>North West cnr</b>	31. GRAVE NO. <b>2.5' north of</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

Buried in Urn made of wood 18"x 12"x8"

Received and filed in the Office of the Town Clerk July 25, 2003 2:00pm

**CREMATION PERMIT**  
VS-48 Revised 8/7/98STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VITAL RECORDS SECTION**Paul J. Berry**  
Paul J. Berry  
Town Clerk

REQUEST	REQUEST FOR PERMISSION TO CREMATE THE REMAINS OF (Name of Decedent) <i>Esther Burnett</i>		SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>85</i>
	RESIDENCE <i>85 Natch Hill Rd., North Branford</i>			
	WHO DIED IN (Town) <i>North Branford</i>		DATE <i>9/21/01</i>	AT <i>5:50</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	SIGNATURE (Funeral Director) <i>Harold W. P.</i>		SIGNATURE (Petitioner Member of Family) <i>Philip M. Burnett</i>	
PERMIT	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.		SIGNED (Registrar of Vital Statistics) <i>Linda A. Conter</i> Ass't.	
CREMATION	This is to certify that the remains of the deceased named above was cremated.		DATE <i>SEP 25 2001</i>	AT <i>8:35</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	AT (Name of Cemetery) <b>EVERGREEN CEMETERY ASSOCIATION</b> 789 ELLA GRASSO BOULEVARD NEW HAVEN, CT 06519		SIGNATURE (Superintendent or person in charge of crematory) <i>Anthony Casillo</i>	
CREMATION PERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCURRED.				

Under CGS Sec. 19a-322 &amp; 19a-323, as amended

Date of Burial June 21, 2003 Name of Cemetery Burnett Burial Park  
 Loc. N.E. Corner Southborough, MA  
 Person making arrangements Barbara Kantner Relation Daughter  
 Supervisor in Charge Bridget A. Gilleney

**BREWITT CREMATORY CORPORATION**

9 Pleasant Street, Epping, NH 03042

*Burial Certificate*

FOR  
THE CREMATED REMAINS  
OF

RECEIVED  
TOWN CLERK'S OFFICE

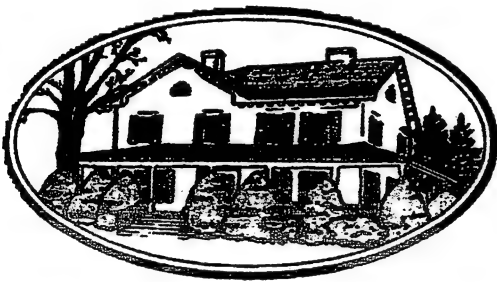
2013 APR -2 A 9:5

SOUTHBOROUGH

*[Handwritten Signature]*

Name Mathilde Burnett No. 3453

This certificate should accompany the remains to destination.



*Brewitt Crematory*

9 PLEASANT STREET  
EPPING, NEW HAMPSHIRE

**CREMATION CERTIFICATE**

I hereby certify that the burial permit and the medical examiner's certificate prerequisite to

cremating the body of Mathilde Burnett

late of Exeter, NH have been duly presented, the

same showing that death occurred at 11:00 A.M. on March 20, 2013

and Dementia as cause thereof

Age 88 Date of Cremation 3/22/13 Cremation Number 3453

Date March 22, 2013

*[Signature]*  
Brewitt Crematory

I hereby certify that the cremated remains of Mathilde Burnett  
Accompanying this certificate was disposed of in accordance with it's ~~terms~~

At Rural Cemetery Town Southborough, MA

on March 30, 2013 Final Disposition Burnett Burial Park

Certified by *[Signature]*  
Cemetery Supervisor, Town of Southborough

Burial Date 6/21/03 Loc. N.E corner of Burnett Burial Park Cem.Supr. - *Donald E. Gillman*

REG-21 Revised 3/97		State of New Jersey <b>BURIAL, CREMATION, OR TRANSIT PERMIT</b>		(See instructions on reverse side)	
City, Borough, or Township <i>Westfield, N.J.</i>			Date of Issuance <i>6/13/03</i>		
The Certificate of Death having been filed with me, as required by the laws of this State, permission is hereby given for the transportation, removal, burial, cremation, or other final deposition of the body of:					
Name of Deceased <i>Philip Mason Burnett</i>			Age <i>94</i>	Sex <i>Male</i>	
Place of Death (municipality) <i>Chatham Twp., N.J.</i>		Date of Death <i>01/13/03</i>	Time of Death <i>12:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Cause of Death <i>Pneumonia</i>					
Proposed Place and Method of Final Disposition				<input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Burial - <i>CREMATION</i> <input type="checkbox"/> Entombment	
Place <i>Burnett Mem. Park</i>	City <i>Southboro</i>	State <i>Ma.</i>			
Transportation by Common Carrier <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Name of Carrier			
Name and Address of Funeral Home <i>Groy Funeral Home</i> <i>318 E Broad Street, Westfield, N.J.</i>					
Signature of Registrar of Vital Statistics <i>Margaret Fashano</i>					



Received and filed in the Office of the Town Clerk July 25, 2003 2:00pm

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

STATE OF NEW JERSEY  
BURIAL, CREMATION, OR  
TRANSIT PERMIT

State law requires that no person shall cremate a dead human body unless at least 24 hours have elapsed from time of death listed on death record.

Philip Mason Burnett

(NAME OF DECEASED)

June 21, 2003

(DATE OF BURIAL OR ENTOMBMENT)

☐ AM

☒ PM

at

(DATE AND TIME OF CREMATION)

*Bridget C. Gellman*  
(SIGNATURE OF SUPERINTENDENT OF CEMETERY OR CREMATORIUM)

This permit must be delivered to the superintendent of the cemetery or crematorium where burial, entombment, or cremation is to take place, who should fill in the spaces above and forward it within ten days to the Registrar of Vital Statistics, of the district in which the cemetery or crematorium is located.

When burial takes place in a cemetery which has no person in charge, the spaces above should be filled in by the funeral director, who should write "no person in charge" on the line for signature of superintendent of cemetery and file the permit with the Registrar of Vital Statistics, of the district in which the cemetery is located. The law requires that this be done within ten days after burial.

# BURIAL-TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT NUMBER

PERMIT  
MUST  
Accompany  
Remains  
to  
DESTINATION

DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Barbara		Anne		BYRNE	Female	Dec. 15, 2001
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	89	Cumberland, RI				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN	STATE
Burial		Southborough Rural Cemetery			Southborough	MA
FUNERAL HOME — LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				
(Signature)		J. J. Duffy Funeral Home 757 Mendon Road Cumberland, RI 02864				
<p><b>CERTIFICATION:</b> I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is <b>not</b> required, and that permission is hereby granted to dispose of this body.</p>						
Signature of certifying Physician		Degree or title		Date signed		
(Signature)		MD		Dec 17 2001		
Authorized disposition as stated above occurred on (Date)		Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition		
December 18, 2001		N/A	5	(Signature)		

SEXTON  
must  
return  
permit  
to City  
or Town  
Clerk at  
Place of  
Disposal  
on Fifth  
of Next  
Month

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

**"FUNERAL HOME LICENSEE":** The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON:** It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am

BURIAL-TRANSIT PERMIT		RHODE ISLAND DEPARTMENT OF HEALTH		PERMIT NUMBER		
DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
DEBRA		ELLEN	BYRNE	Female	JUL 5 2002	
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	48	Burrillville RI				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		CITY OR TOWN	STATE	
Cremation		Rural Crematory		Worcester	MA	
FUNERAL HOME — LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				
(Signature) <i>Honry K. Carleton, Jr.</i>		Merrill-Carleton F. H. 1 Pleasant St. Hudson MA, 01749				
CERTIFICATION: I certify that death occurred from natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.						
Signature of certifying Physician		Degree or title		Date signed		
<i>[Signature]</i>		M.D.		7/5/02		
Authorized disposition as stated above occurred on (Date)		Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition		
October 31, 2002		Sec.1-C	D-3	<i>[Signature]</i>		

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

Burial of cremated remains occurred on 10/31/02

RECEIVED  
TOWN CLERK'S OFFICE



State of Florida, Department of Health, Bureau of Vital Statistics

**BURIAL TRANSIT PERMIT**

DATE PRINTED: August 24, 2017

**SOUTHBOROUGH, MA**

TRACKING NUMBER: 2017126368

**1. DECEDENT INFORMATION**

<b>Name of Deceased</b>		<b>Date of Death</b>
ROBERT R COX		August 5, 2017
<b>Place of Death - County</b>	<b>City, Town or Location</b>	<b>Name of facility, or street address if not a facility</b>
MANATEE	BRADENTON	MANATEE MEMORIAL HOSPITAL
<b>Name and Address of Funeral Home/Direct Disposal Establishment</b>		<b>Fla. Lic. No./Reg. No.</b> <b>Phone Number</b>
COVELL FUNERAL HOME & CREMATION SERVICES F041194 4232 26TH ST W BRADENTON, FLORIDA, 34205		F041194      (941) 739-5500
<b>Funeral Director/Direct Disposer</b>		<b>Fla. Lic. No./Reg. No.</b>
SALVATORE W. CORIALE		F042468

**2. BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

**Permit Number:** 2017-F041194-5170

**Date Issued:** August 8 2017

**3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION**

**Authorization given by Medical Examiner District** 12

**Approval Number:** C17-04033

**4. CEMETERY OR CREMATORY**

**Place of Disposition:** *Rural Cremation, Southborough, MA*  
**Method of Disposition:** *Cremation Burial Sec. 13, Lot 51A, CULHA* **Date of Disposition:** *Aug. 31, 2017*

**EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.**

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED  
TOWN OF SOUTHBOROUGH OFFICE  
2016 OCT -6 P 1:10  
SOUTHBOROUGH, MA

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

Permit number

DECEASED - FIRST NAME <b>Doris</b>		MIDDLE <b>Louise</b>	LAST <b>CAMERON</b>	SEX <b>Female</b>	DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 5, 2016</b>
RACE <b>White</b>	AGE <b>98</b>	PLACE OF DEATH (City or town, state) <b>Cumberland, Rhode Island</b>			
BURIAL, CREMATION, DONATION, OTHER (Specify) <b>Cremation</b>		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CITY OR TOWN STATE <b>Western Hills Crematory Cranston, RI</b>			
FUNERAL HOME - LICENSEE <b>Butterfield Home and Chapel, Inc</b>		FUNERAL HOME - Name and Address (Number, Street name, City or Town, State, and Zip Code) <b>500 Pontiac Avenue Cranston, Rhode Island 02910</b>			
SIGNATURE OF PHYSICIAN <i>[Signature]</i>		SIGNATURE OF SEXTON OR PERSON IN CHARGE OF PLACE OF DISPOSITION <i>[Signature]</i>			
DATE <b>9.10.16</b>		DATE SIGNED <b>SEPTEMBER 7, 2016</b>			

PERMIT MUST  
Accompany  
Remains to  
DESTINATION

SEXTON must  
return permit to  
City or Town  
Clerk at Place of  
Disposal on Fifth  
of Next Month

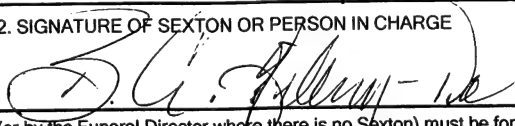
THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

PLACE OF DISPOSITION RURAL CEMETERY, SOUTHBOROUGH, MA  
METHOD OF DISPOSITION BURIAL OF CREMATED REMAINS SEC 4 LOT 16B, GRV. 3A  
DATE OF DISPOSITION OCTOBER 3, 2016  
CERTIFIED BY [Signature] - COMMUNITY AGENT

# PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO. <span style="float: right;">EXPENSED</span>	
			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>DONALD CATINEAU</b>			4. SEX <b>MALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JANUARY 12, 2015</b>
6. AGE <b>53 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>MAY 9, 1961</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>SWANZEY</b>		9. COUNTY OF DEATH <b>CHESHIRE</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: <b>1</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>				
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>JANUARY 19, 2015</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>				
16. FUNERAL DIRECTOR <b>CARL A MICHAUD</b>			17. N.H. LIC. NUM ONLY <b>843</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MICHAUD FUNERAL HOME LLC, WILTON, NH</b>				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) <b>CARL A MICHAUD</b>		20. CITY/TOWN <b>SWANZEY</b>		21. DATE ISSUED (Month, Day, Year) <b>JANUARY 16, 2015</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Full Earth Burial</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>1/20/2015</b>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>6</b>	31. GRAVE NO. <b>Lot -37B, Grv.1</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

# STATE OF NEW HAMPSHIRE

## BURIAL TRANSIT PERMIT

1. BURIAL PERMIT NO.

2. CITY OR TOWN

3. DECEDENT'S NAME (First, Middle, Last)

**ANGELO A CERQUA**

4. SEX

**MALE**

5. DATE OF DEATH (Month, Day, Year)

**JULY 23, 2002**

6. AGE

**87 YEARS**

7. DATE of BIRTH (Month, Day, Year)

**FEBRUARY 22, 1915**

8. CITY, TOWN, OR LOCATION OF DEATH

**KEENE**

9. COUNTY OF DEATH

**CHESHIRE**

10. METHOD OF DISPOSITION:

1. Burial      2. Temp. Entombment  
3. Cremation   4. Donation  
5. Mausoleum   6. Other

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

**RURAL CEMETERY**

12. LOCATION (City/Town, State)

**SOUTHBOROUGH, MA**13. DATE OF DISPOSITION  
(Refer to 20a.)**JUL 26, 2002**

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL

15. LOCATION (City/Town, State)

CODE: **1****A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:**

16. FUNERAL DIRECTOR

**DAVID PURRINGTON**

17. N.H. LIC. NO. ONLY

**916**

18. NAME AND LOCATION OF FACILITY (City/Town, State)

**FLETCHER FUNERAL HOME AND CREMATION SERVICES, KEENE, N**

19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTRAR if app.)

**DAVID PURRINGTON**

20. CITY/TOWN

**KEENE**

21. DATE ISSUED (Month, Day, Year)

**JULY 24, 2002****CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

**CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW**

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

**Burial**

28. DATE OF DISPOSITION (Month, Day, Year)

**July 26, 2002**29. NAME AND LOCATION OF CEMETERY, CREMATORY OR VAULT  
(City/Town, State)**Rural Cemetery  
Southborough, MA 01772**

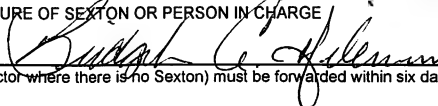
30. SECTION

**Sec. 9, Lot 32A**

31. GRAVE NO.

**2**

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE



This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.



## READ CAREFULLY

**OFFICIALS:** This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before**. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

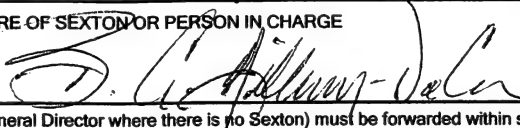
**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

**DISINTERMENT:** This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

# PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>PHYLLIS M CHENARD</b>			4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JANUARY 2, 2012</b>
6. AGE <b>90 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>SEPTEMBER 12, 1921</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>HANOVER</b>		9. COUNTY OF DEATH <b>GRAFTON</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: <b>1</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>RECEIVED</b>  <b>TOWN CLERK'S OFFICE</b>  <b>2012 MAR 15 P 1:13</b>  <b>SOUTHBOROUGH, MA</b> </div>	
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>JANUARY 6, 2012</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO</b>				
16. FUNERAL DIRECTOR <b>NANCY G MORRIS</b>			17. N.H. LIC. NUM ONLY <b>0000</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MA</b>				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>CARL A MICHAUD</b>		20. CITY/TOWN <b>HANOVER</b>		21. DATE ISSUED (Month, Day, Year) <b>JANUARY 2, 2012</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Buried</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>Jan. 6, 2012</b>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA 01772</b>
30. SECTION <b>C-West</b>	31. GRAVE NO. <b>1</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

**REPORT FOR FINAL DISPOSITION  
OF A HUMAN CORPSE**  
(Out of State Burial - Transit Permit)  
Type or Print in Permanent Black Ink

1. NAME OF DECEASED (First, Full Middle, Last) <b>Ruth Marion Coffin</b>		2. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	3. RACE <b>White</b>	4. AGE <b>91</b>
5. COUNTY OF DEATH <b>Wood</b>	6. CITY, VILLAGE, TOWNSHIP <b>Wisconsin Rapids</b>		7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year)      Hour:      Min:      P M <b>Feb. 3, 2002      11      45      P M</b>	
8. PLACE OF DEATH (if in Hospital) <input type="checkbox"/> Inpat. <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpat. <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other		9. OTHER PLACE <input checked="" type="checkbox"/> N.H. <input type="checkbox"/> Other <input type="checkbox"/> Res. of Deceased		10. NURSING HOME License Number <b>3236</b>
11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS <b>Family Heritage Med. &amp; Rehab. Center</b>		11b. COMPLETE MAILING ADDRESS <b>130 Strawberry Lane, Wisconsin Rapids, WI 54494</b>		
12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Dep. Cor. <input type="checkbox"/> M.E. <input type="checkbox"/> Dep. M.E. NAME <b>David N. Crowther</b> MAILING ADDRESS <b>420 Dewey, Wisconsin Rapids, WI 54494</b>				
13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. IF YES, COUNTY OF INCIDENT <b>NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release &amp; embalming of body.</b>		
14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license) <b>Dr. Thomas A. Voelker</b>		15. MAILING ADDRESS <b>420 Dewey, Wisconsin Rapids, WI 54494</b>		
16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)				
17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year)      Hour <b>February 3, 2002      11:55      P M</b>		18. EXPECTED TYPE OF DISPOSITION <input type="checkbox"/> Scientific Use <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Unknown		19. EXPECTED DATE OF DISPOSITION (Month, Day, Year) <b>February 9, 2002</b>
20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory) <b>Southborough Cemetery</b>		21. CITY, VILL., TOWN <b>Southborough</b>		22. COUNTY <b>Massachusetts</b>
23. STATE <b>Massachusetts</b>		24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member) <b>Michael W. Jennings</b>		
24b. MAILING ADDRESS <b>1001 West Grand Avenue, Wis. Rapids, WI 54495</b>		25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member) <i>Michael W. Jennings</i>		
25b. DATE SIGNED (Month, Day, Year) <b>February 4, 2002</b>				

**NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH:** This Report is **not** to be filed with the local registrar.  
☐ Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  
☐ Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.

**NOTE TO  
FUNERAL  
DIRS.**

**The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.**

Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner of jurisdiction. If the case is reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate, the coroner/medical examiner or deputy must sign the death certificate.

**CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:**

- ☐ (1) Homicides and suicides
- ☐ (2) Deaths following accidents, even if the injury is not the cause of death.  
(Example: hip fractures in the elderly)
- ☐ (3) Deaths due to poisoning.
- ☐ (4) Deaths following abortion.
- ☐ (5) Deaths with unexplained, unusual or suspicious circumstances.  
(Sudden infant deaths and other circumstances as interpreted by the coroner/medical examiner are included here)
- ☐ (6) Deaths involving motor vehicles, snowmobiles, all-terrain vehicles and boats
- ☐ (7) Deaths with no physician or accredited spiritual healer in attendance 30 days preceding death
- ☐ (8) When, after reasonable efforts, the physician cannot be obtained or will not sign, or cannot sign the death record in time or in an emergency situation as determined by the coroner/medical examiner

Filing this Report (within 24 hours of notification of death) with the appropriate local registrar and coroner/medical examiner is required under s. 69.18(3). Failure to file this Report is punishable by a fine of up to \$1,000. or up to 90 days imprisonment.

**For Funeral Director's Use:**

The original Report for Final Disposition is to be filed with the local registrar.

Other copies to:

- ☐ Coroner/M.E.
- ☒ Sexton or Out of State Transit
- ☐ Funeral Director's copy

8/31/94

**BURIAL-TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH**
**PERMIT NUMBER**
**PERMIT  
MUST  
Accompany  
Remains  
to  
DESTINATION**

DECEASED — Name		FIRST Melvin	MIDDLE Walter	LAST CONDER	SEX Male	DATE OF DEATH (Month, day, year) August 15, 1994
RACE White	AGE 84	PLACE OF DEATH (City or town, state) East Providence, RI				
BURIAL, CREMATION, DONATION, OTHER (Specify) Burial		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Rural Cemetery			CITY OR TOWN Southboro, MA	STATE
FUNERAL HOME — LICENSEE (Signature) <i>Robert E. Mason</i>		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Smith-Mason Funeral Home, Inc. 398 Willett Avenue Box 15305 Riverside, RI 02915				
<b>CERTIFICATION:</b> I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.						
Signature of certifying Physician <i>[Signature]</i>		Degree or title		Date signed 8-16-94		
Authorized disposition as stated above occurred on (Date) August 19, 1994				Tomb BURIAL #3	Lot 58 WEST	Signature of Sexton or Person in Charge of Place of Disposition <i>[Signature]</i>

**SEXTON  
must  
return  
permit  
to City  
or Town  
Clerk at  
Place of  
Disposal  
on Fifth  
of Next  
Month**
**THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE**
**SEE OTHER SIDE**

**“FUNERAL HOME LICENSEE”:** The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON:** It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

DHH, OFFICE OF PUBLIC HEALTH  
DIVISION OF RECORDS & STATISTICS

BURIAL - TRANSIT PERMIT NO. 833342

NAME OF DECEASED <i>Stephen Cummings</i>		SEX <i>M</i>	COLOR <i>W</i>	AGE <i>91</i>
PLACE OF DEATH (CITY OR TOWN) <i>Lafayette</i>		(PARISH) <i>Lafayette</i>	DATE OF DEATH <i>B-17-07</i>	
A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted.				
TO: NAME OF FUNERAL DIRECTOR OR OTHER SUCH PERSON <i>Quirk &amp; Son FH</i>	BY: SIGNATURE OF LOCAL REGISTRAR <i>Sharon DBC</i>	DATE <i>8-18-07</i>		
ADDRESS OF FUNERAL DIRECTOR <i>Lunice LA</i>	PARISH <i>St Landry</i>			
I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State of _____		I have registered with the authorized Health Department of _____ Parish, have complied with laws of the State of _____ regarding final disposition of dead human bodies, and have _____ this decedent. (BURIED, CREMATED, ETC.)		
I have prepared the body of this decedent for final disposal as indicated below.				
METHOD OF EMBALMING OR PREPARATION	DATE <i>8-18-07</i>	CEMETERY OR CREMATORY, & ADDRESS <i>LAFAYETTE CREMATORY 2920 N. UNIVERSITY AVE. LAFAYETTE, LA 70507</i>		LOT NO.
EMBALMER	LICENSE NO.	SEXTON'S SIGNATURE <i>[Signature]</i>		

This permit must accompany remains to destination.  
Return permit to Registrar of Parish of burial within 10 days.

The cremated remains of Stephen B. Cummings were buried at Rural Cemetery, Southborough, MA on December 26, 2007. Final Disposition Sec. 9, Lot 11, Grv#7a.

Certified by

*[Signature]*

This is to Certify that the Remains of

Jeanne O. Davis

RECEIVED  
TOWN CLERK'S OFFICE

2010 SEP -2 P 2:56

SOUTHBOROUGH, MA

have this Day been cremated at River Bend Crematory, LLC  
Subject to its Rules or Regulations and All Legal Requirements  
have been met.

*MJ*

Date: 8-25-2010 Cremation Number: 1092

River Bend Crematory, LLC

623 Main Street

East Hartford, CT 06108

(860) 282-4500

The cremated remains of Jeanne O. Davis were buried on  
August 28th 2010 in Rural Cemetery Southborough, Massachusetts.  
Disposition B-East, Lot 5, Grv#D.

*[Signature]*

Cemetery Supervisor



## APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First JOANNE	Middle	Last DuFAULT	DATE OF DEATH Found August 10, 1991	Month August	Day 10	Year 1991
2. Place of Death County Orange	City, Town or Location Orlando			Name of Hosp. or Inst. 5411 Dale Lane			(If neither, give street address)
3. Name of Medical Certifier William R. Anderson, M.D.	<input checked="" type="checkbox"/> Medical Examiner	Address 1401 Lucerne Terrace Orlando, FL 32806		Phone Number 407-836-7130			
4. Name of Funeral Home/ Direct Disposer Collison Funeral Home	Address 1148 E. Plant Street Winter Garden, FL 34787		Fla. Lic. No./Reg. No. 1736	Phone Number (Area Code) 407-877-6700			
5. Check Appropriate Box	a <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b <input type="checkbox"/> _____ was contacted on _____ within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.						
	c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
6. Place of Final Disposition: Cemetery	<input type="checkbox"/> In state cemetery/crematory - name/county: Southborough, MA	<input checked="" type="checkbox"/> Removal from state		<input type="checkbox"/> Donation			
7. Funeral Director/ Direct Disposer Gregory Collison	Signature <i>Gregory Collison</i>	F.E. No./Reg. No. 3464	Date Signed August 14, 1991				

B.

## BURIAL — TRANSIT PERMIT

Permit No. 1736-305

Permission is hereby granted to dispose of this body.

- ☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

- ☒ No extension of time for filing the death certificate requested.

Registrar or Subregistrant Signature Frances Braddock *Frances Braddock* Date Issued: 8-14-91 Date Certificate Due: \_\_\_\_\_

C.

## AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_  
or  
Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_

\_\_\_\_\_, Funeral Director/Direct Disposer. Date \_\_\_\_\_  
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

## CEMETERY OR CREMATORY

Methods of Disposition:

- ☒ BURIAL ☐ STORAGE  
☐ CREMATION ☐ OTHER (Specify)

Signature of Sexton or Person-in-Charge

*Bridget A. Sullivan (Sexton)*

Place of Disposition

Rural Cemetery  
Southborough, MA

Date of Disposition

August 16, 1991

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.



**INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION  
FOR BURIAL—TRANSIT PERMIT FORM**

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**APPLICATION FOR PERMIT**

**Section A.**

1. Type or print name of deceased and date of death.
  2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
  3. Indicate the name and address of the Medical Examiner or physician who you determine is to provide the medical certification of cause of death.
  4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
  5.
    - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
    - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
    - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
  6. Indicate place of disposition; check appropriate box.
  7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.
- 

**BURIAL—TRANSIT PERMIT**

**Section B.**

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

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**AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA**

**Section C.**

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

---

**CEMETERY OR CREMATORY**

**Section D.**

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.

**RECORDED  
TOWN OF SOUTHBOROUGH**

AUG 19 1991

TOWN CLERKS OFFICE

BURIAL-TRANSIT PERMIT

RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT  
MUST  
Accompany  
Remains  
to  
DESTINATION

PAUL J. BERRY  
TOWN CLERK

SEXTON  
must  
return  
permit  
to City  
or Town  
Clerk at  
Place of  
Disposal  
on Fifth  
of Next  
Month

DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Mary			—	Ezell	Fem	January 12, 2005
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	74	Woonsocket, Rhode Island				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN	STATE
Burial		Rural Cemetery			Southborough, Massachusetts	01772
FUNERAL HOME — LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				
(Signature) Nancy Morris		Morris Funeral Home 40 Main St. Southborough, MA 01772				
CERTIFICATION: certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body						
Signature of Certifying Physician		MD		Date signed 1/13/05		
Authorized disposition as stated above occurred on (Date)		Temp	Lot	Signature of Sexton or Person in Charge of Place of Disposition		
January 18, 2005		Sec. F	Grv. 131			

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

**"FUNERAL HOME LICENSEE"**: The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON**: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

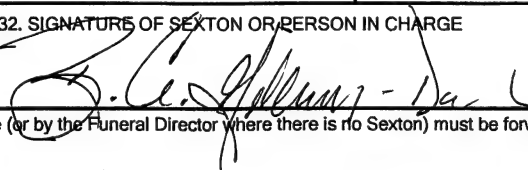
In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

*ms/2007*

63469

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO 2. CITY OR TOWN		<b>RECEIVED</b> <b>TOWN CLERK'S OFFICE</b> 2016 APR 19 P 3:34 SOUTHBOROUGH, MA
3. DECEDENT'S NAME (First, Middle, Last) <b>JEFFREY E FLYNN</b>			4. SEX <b>MALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>MARCH 22, 2016</b>	
6. AGE <b>61 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 10, 1955</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>EXETER</b>		9. COUNTY OF DEATH <b>ROCKINGHAM</b>	
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):					CODE: <b>3</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CREMATORY</b>					
12. LOCATION (City/Town, State) <b>WORCESTER, MA</b>					
13. DATE OF DISPOSITION (Refer to 19a) <b>MARCH 25, 2016</b>					
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL					
15. LOCATION OF FINAL DISPOSITION (City/Town, State)					
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>					
16. FUNERAL DIRECTOR <b>JOHN P ROWE JR</b>				17. N.H. LIC. NUM ONLY <b>000</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>JOHN P ROWE FUNERAL HOME INC, MARLBOROUGH, MA</b>					
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) <b>JOHN J BREWITT JR</b>			20. CITY/TOWN <b>EXETER</b>		21. DATE ISSUED (Month, Day, Year) <b>MARCH 23, 2016</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>					
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)		
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>					
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains in Flynn Lot 26 in Sec.C-East		28. DATE OF DISPOSITION (Month, Day, Year) April 15, 2016		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772	
30. SECTION C-East	31. GRAVE NO. 6A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 			
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.					



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Marion	Middle G	Last Fletcher	Date of Death March 7, 2003
2. Place of Death	City, Town or Location Hollywood		Name of (If neither, give street address) Hosp. or Inst. Hollywood Medical Center	
3. Name of Medical Certifier	Howard Reinfield, MD <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician		Address 1380 NE Miami Gardens Drive N. Miami Beach, FL	Phone Number 305 956-9062
4. Name of Funeral Home/Direct Disposal Establishment	Fred Hunter Funeral Home		Address 6301 Taft Street Hollywood, FL	Fla. Lic. No./Reg. No. 1930 Phone No. (Area Code) 954 989-1550
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.			
	b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.			
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.			
6. Funeral Director/Direct Disposer	Signature <i>[Signature]</i>		F.E. No./Reg. No. 1421	Date Signed 3/12/03

**COPY**

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 1930-9365

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *Beryl H. Gorr* Date Issued: 3/12/03 Date Certificate Due: \_\_\_\_\_

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: 1263 Date 3/12/03

Medical Examiner, Lance Davis, MD, gave authorization by telephone to Beryl Gorr  
Fred Hunter Funeral Home Funeral Director/Direct Disposer. Date 3/12/03

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY** Rural Cemetery  
Method of Disposition: Southborough, MA

☒ BURIAL ☐ STORAGE Date of Disposition March 26, 2003

☐ CREMATION ☐ OTHER (Specify) Cremation Burial Sec. C West, Lot 45N, Grave B

Signature of Sexton or Person-in-Charge *[Signature]*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Date of Burial 10/26/02 Bx Sec.E, Grv#6A, Marble Urn Cremation Morris Funeral Home

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
BURIAL—TRANSIT PERMIT

Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am

LOCAL FILE NUMBER  
DECEASED—NAME First Middle Last  
1. **Janice R. FOSTER**  
CITY, TOWN OR LOCATION OF DEATH  
3b. **Las Vegas**  
RACE—(e.g., White, Black, American Indian, etc.) (Specify)  
5. **White**  
STATE OF BIRTH (If not U.S.A., name country)  
9a. **New York**  
SOCIAL SECURITY NUMBER  
13. **228-44-7283**  
RESIDENCE—STATE COUNTY  
15a. **Nevada** 15b. **Clark**  
FATHER—NAME First Middle Last  
16. **Walter Bruce Robinson**  
MOTHER—MAIDEN NAME First Middle Last  
17. **Esther J. Chandler**  
INFORMANT—NAME (Type or Print)  
18a. **Nancy Phillips**  
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  
18b. **4906 E. Desert Inn Road, Las Vegas, Nevada 89121**  
BURIAL, CREMATION, REMOVAL, OTHER (Specify)  
19a. **Cremation**  
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  
20a. *[Signature]*  
CEMETERY OR CREMATORY—NAME  
19b. **Desert Crematory**  
FUNERAL DIRECTOR LICENSE NUMBER  
20b. **64**  
LOCATION City or Town State  
19c. **Las Vegas, Nevada**  
NAME AND ADDRESS OF FACILITY  
20c. **1111 Las Vegas Blvd N., Las Vegas, Nevada 89101**  
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  
(Signature and Title) *[Signature]*  
DATE SIGNED (Mo., Day, Yr.)  
21b. **0115**  
HOUR OF DEATH  
21c. **0115**  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  
21d. **Arzo Fathie, M.D., 2649 Wigwag Pkwy. #101, Henderson, Nevada**  
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)  
23a. **Arzo Fathie, M.D., 2649 Wigwag Pkwy. #101, Henderson, Nevada**  
LICENSE NUMBER  
23b. **228258**  
REGISTRAR  
24a. (Signature) *[Signature]*  
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
24b. **SEP 06 2002**  
DEATH DUE TO COMMUNICABLE DISEASE  
24c. YES ☐ NO ☐

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE  
PART I  
(a) DUE TO, OR AS A CONSEQUENCE OF:  
(b) DUE TO, OR AS A CONSEQUENCE OF:  
(c) DUE TO, OR AS A CONSEQUENCE OF:  
PART II  
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.  
AUTOPSY (Specify Yes or No)  
26. **No**  
WAS CASE REFERRED TO CORONER (Specify Yes or No)  
27. **Yes**

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Signature of person in charge of the cemetery or crematory

(Name of Cemetery or Crematory)

Date 9/11/02

BURIAL PERMIT

No. 228258



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED  
TOWN CLERK'S OFFICE  
2012 JUN 25 P 2:30 mg

A. (TYPE)

1. Name of Deceased	First <b>George</b>	Middle <b>Peabody</b>	Last <b>Gardner, Jr.</b>	Date of Death <b>May 9, 2012</b>
2. Place of Death County <b>Palm Beach</b>	City, Town or Location <b>West Palm Beach</b>		Name of (If neither, give street address) Hosp. or Inst. <b>Hospice of Palm Beach County-Hospice Unit</b>	
3. Name of Medical Certifier <b>Hospice Physician</b>	Address <b>1309 North Flagler Drive West Palm Beach, Fla. 33401</b>		Phone Number <b>561 671-7040</b>	
4. Name of Funeral Home/Direct Disposal Establishment <b>Funeral &amp; Cremation Services</b>	Address <b>1201 South Olive Avenue West Palm Beach, Fla. 33401</b>		Fla. Lic. No./Reg. No. <b>F041823</b>	Phone No. (Area Code) <b>561 832-5171</b>
5. Check appropriate Box				
a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.				
b. <input checked="" type="checkbox"/> <b>Hospice of Palm Beach County</b> was contacted on <b>May 9, 2012</b> He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <b>a Hospice Physician</b> will complete and sign the medical certification of cause of death within 72 hours.				
c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.				
6. Funeral Director/Direct Disposer	Signature 		F.E. No./Reg. No. <b>F043651</b>	Date Signed <b>May 10, 2012</b>

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. **297-116-12**

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature **Cynthia D. Johnson** Date Issued **May 10, 2012** Date Certificate Due **May 15, 2012**

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: **122459** Date **May 11, 2012**

Medical Examiner, **Glen Axelson, D.O.**, gave authorization by telephone to **Cynthia Johnson for Quattlebaum Funeral Home** Date **May 11, 2012**

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: **BURNETT Burial Park** Place of Disposition **Southborough, MA**

☒ BURIAL cremated remains ☐ STORAGE Date of Disposition **June 16, 2012**

☐ CREMATION ☐ OTHER (Specify)

Signature of Sexton or Person-in-Charge

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory  
Yellow: Funeral Director or Direct Disposer  
Pink: Local Registrar

Received and filed in the Office of the Town Clerk May 28, 2003. 9:30am.  
5/13/03 Pg.163, Sec.6, Lot 16A, Grv#1A, No F.H., Bronze Urn loc. undr mrkr

# ATLAS CREMATORY

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

2111 U.S. #1 South  
Rockledge, Florida 32955  
(321) 636-4275

# COPY

Roscoe Gardner

We hereby certify that these are the remains of \_\_\_\_\_

\_\_\_\_\_. The remains were received

From Beach Funeral Home Melbourne, Florida  
Funeral Firm City and State

Cremation Permit No. 2621-03-007 Issued at Brevard

Date of Death January 20, 2003

Date of Cremation January 28, 2003 By Chad Follweiler  
Cremator





**State of Florida, Department of Health, Vital Statistics**  
**APPLICATION FOR BURIAL - TRANSIT PERMIT**

*Paul J. Berry*

A. (TYPE) **PAUL J. BERRY, TOWN CLERK**

1. Name of Deceased: **Tatiana Gardner** Date: **December 21, 2009**

2. Place of Death: **Palm Beach** City, Town or Location: **Palm Beach** Name of Hosp. or Inst.: **160 Seaview Avenue**

3. Name of Medical Certifier: **Denis Murphy, M.D.** Address: **1411 North Flagler Dr., #7800 West Palm Beach, Fla. 33401** Phone Number: **561 832-1643**

4. Name of Funeral Home/Direct Disposal Establishment: **Quattlebaum Funeral & Cremation Services** Address: **1201 South Olive Avenue West Palm Beach, Fla. 33401** Fla. Lic. No./Reg. No.: **297** Phone No. (Area Code): **561 832-5171**

5. Check appropriate Box:  
 a. ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.  
 b. ☒ **Dr. Murphy** was contacted on **December 22, 2009**. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that **he** will complete and sign the medical certification of cause of death within 72 hours.  
 c. ☐ \_\_\_\_\_ was contacted on \_\_\_\_\_ He/she verified that \_\_\_\_\_, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer: *[Signature]* F.E. No./Reg. No.: **F044104** Date Signed: **December 22, 2009**

B.

**BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body.

Permit No. **297-314-09**

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

*Cynthia A. Johnson*

Date

Issued: **Dec. 22, 2009**

Date Certificate

Dye: **December 26, 2009**

C.

**AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
 \_\_\_\_\_ Funeral Director/Direct Disposer. Date: \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

**CEMETERY OR CREMATORY****Burnett Cemetery**

Method of Disposition:

Place of Disposition: **Southborough, Massachusetts**☒ BURIAL☐ STORAGEDate of Disposition: **January 9, 2010**☐ CREMATION☒ OTHER (Specify)**Removal from state**

Signature of Sexton or Person-in-Charge

*[Signature]*

**Rural Cemetery, Southborough  
 Supervisor**

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

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## APPLICATION FOR PERMIT

### Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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## BURIAL-TRANSIT PERMIT

### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

---

## AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

---

## CEMETERY OR CREMATORY

### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

# REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES  
HARTFORD, CONNECTICUT 06106

PERMIT NO.	DATE ISSUED
	9/28/95

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF	WHO DIED AT	ON
Charles Nen D Gasparoni	17 Highland Dr Thompson	9/27/95
CAUSE OF DEATH		
Metastatic Colon Cancer		
TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)		

FINAL DISPOSITION (Name and address of cemetery or crematory)		
Rural Cemetery Southboro MA		
ISSUED TO (Name of Funeral Director or Embalmer)	(Address)	(If embalmer, lic. no.)
Morris Funeral Home	40 Main St Southboro MA 01772	6453
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics) [Signature] (Town of) THOMPSON	TRANSIT PASTER YES <input type="checkbox"/> NO <input type="checkbox"/>
SEXTON'S ENDORSEMENT	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) [Signature]	DATE BODY BURIED 9/29/95

**RECORDED**  
**TOWN OF SOUTHBOROUGH**

**( 2135 )**

**TOWN CLERKS OFFICE**

**BURIAL TRANSIT REMOVAL PERMIT**

VS-9 Rev. 2/09

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308

PERMIT NO.

507

DATE ISSUED

2/25/2013

1. This permit is sufficient for the removal of a body to any town and also for interment. It must accompany the body and be given to the person in charge of the cemetery.
2. **This permit is NOT sufficient to cremate a body.** A Cremation Permit (VS-48) must also be obtained in addition to this permit.
3. The sexton must endorse this permit and return it to the registrar of the town where the cemetery is located. The sexton must also forward a copy of this permit to the town where death occurred if different from the town of burial. If the body is cremated, the person in charge of the crematory must return this burial permit to the town where death occurred.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Homer P. Gladwin

WHO DIED AT (Institution Name and Town of Death)

Touchpoint Farmington

ON

2/22/2013

CAUSE OF DEATH

Cardiopulmonary Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Southborough Rural Cemetery, Southborough MA

BURIAL PLOT

SECTION NO.

Bk. 10

LOT NO.

32

GRAVE NO.

2

OTHER PLACE OF INTERMENT (Specify)

ISSUED TO (Name of Funeral Director or Embalmer)

O'Brien Funeral Home

ADDRESS

24 Lincoln Ave Bristol, CT.

IF EMBALMER, LICENSE NO.

2442

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

TOWN OF

Shannon E. Fusco Asst Farmington, CT.

TRANSIT PASTER

☐ YES ☐ NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)

DATE BODY BURIED

2 / 27 / 13

RECEIVED  
TOWN CLERK'S OFFICE

2013 MAR -1 A 11:39

*MA* SOUTHBOROUGH



**REMOVAL, TRANSIT AND BURIAL PERMIT**

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308

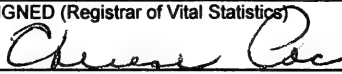
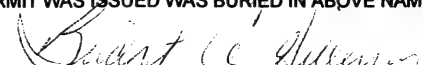
PERMIT NO.

**1946**

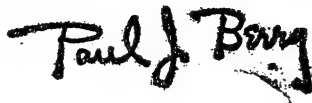
DATE ISSUED

9 / 6 / 01

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. **must accompany body** and c. **must be given to person in charge of cemetery** and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. **THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Marquita S. Gladwin			WHO DIED AT Bristol Hospital, Bristol, CT		ON 9 / 5 / 01
CAUSE OF DEATH Carcinoma of the Lung with Metastases					
TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.					
FINAL DISPOSITION (Name and address of cemetery or crematory) Rural Cemetery, Southboro, MA					
BURIAL PLOT Sharp	SECTION NO. Bk. 10	LOT NO. 32	GRAVE NO. 1	OTHER PLACE OF INTERMENT (Specify)	
ISSUED TO (Name of Funeral Director or Embalmer) O'Brien Funeral Home		ADDRESS 24 Lincoln Ave., Bristol, CT 06010		IF EMBALMER, LICENSE NO. 2101	
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.		SIGNED (Registrar of Vital Statistics) 		TOWN OF <b>BRISTOL, CONN.</b>	
SEXTON'S ENDORSEMENT		THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) 			TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO DATE BODY BURIED 9 / 8 / 01

Received, and filed in the Office of the Town Clerk  
on September 14, 2001 @ 3:00 PM.

A handwritten signature in black ink, reading "Paul J. Berry". The signature is written in a cursive style with a large, stylized "P" and "B".

Paul J. Berry, Town Clerk





Money and King  
Cremation Services

RECEIVED  
TOWN CLERK'S OFFICE  
2014 JAN -8 P 3:00  
SOUTHBOROUGH, MA

# Certificate of Cremation

This is to certify that the remains of

**Dr. Thomas Edward Goffman**

have been cremated subject to all rules, regulations and all legal requirements.

April 23, 2010

Date of Cremation

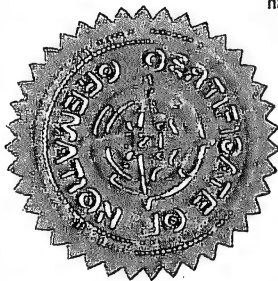
2012

Case Number

Superintendent, Money and King Cremation Services

04/23/10

Date



Money and King Cremation Services • 14522L Lee Road • Chantilly, VA 20151-1639 • (703) 938-7440

I hereby certify that the cremated remains of  
Thomas E. Goffman Accompanying this certificate was disposed of  
in accordance with it's terms

At BURNETT SOCIAL LARK Town SOUTHBOROUGH, MA

On OCT 12, 2013 Final Disposition N.E. CORNER

Certified by [Signature]  
Cemetery Supervisor, Town of Southborough



Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am  
 State of Florida, Department of Health, Vital Statistics  
 APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Pauline	Middle Frances	Last Gould	Date of Death	Month November	Day 2	Year 2002
2. Place of Death	City, Town or Location County Broward Pompano Beach			Name of (If neither, give street address) Hosp. or Inst. North Broward Medical Center			
3. Name of Medical Certifier	William Rymer, MD <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician			Address 201 E. Sample Road Pompano Beach, FL 33064		Phone Number 954-786-6460	
4. Name of Funeral Home/Establishment	The Memorial Store			Address 1680 N. State Road 7 Hollywood, FL 33021		Fla. Lic. No./Reg. No. 2285 Phone No. (Area Code) 954-989-9907	
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <i>Denise D. Freehof</i>			F.E. No./Reg. No. 4328		Date Signed Nov. 6, 2002	

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 2285-0186

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Subregistrat Signature *Jan H. Hassler* Date Issued: Nov. 6, 2002 Date Certificate Due: \_\_\_\_\_

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
 \_\_\_\_\_ Funeral Director/Direct Disposer. Date: \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: \_\_\_\_\_ Place of Disposition: Rural Cemetery Southborough, MA

☒ BURIAL ☐ STORAGE Date of Disposition: November 8, 2002

☐ CREMATION ☐ OTHER (Specify) \_\_\_\_\_

Signature of Sexton or Person-in-Charge } \_\_\_\_\_

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

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## APPLICATION FOR PERMIT

### Section A.

1. **Type** name of deceased and date of death.
  2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
  3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
  4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
  5.
    - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
    - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
    - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
  6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.
- 

## BURIAL-TRANSIT PERMIT

### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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## AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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## CEMETERY OR CREMATORY

### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided



**CREMATORY**

3333 N.E. 2nd AVENUE

MIAMI, FL 33137-3804

PHONE: (305) 573-4310

This envelope contains the  
Cremation Certificate for:

RECEIVED  
TOWN CLERK'S OFFICE

2012 SEP -4 A 10:47

*mg*

Polly P. Greene

To: Van Orsdel Coral Gables

No. 13559

**Van Orsdel Crematory**  
Miami, Florida

We certify that these are the cremated remains of

Polly P. Greene

Cremation Permit No. FO40218-11-3 Issued at Miami-Dade County.

Date of Death: 01/08/2011 Date of Cremation: 01/21/2011

By

Nestor Alfaro, Cremator

I hereby certify that the cremated remains of Polly P. Greene  
accompanying this certificate was disposed of in accordance with it's  
terms.

At Rural Cemetery

Town Southborough, MA

on August 27, 2012

Final Disposition C-West, Lot54N, Grv#3A

Certified by

Cemetery Supervisor

# PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

#69423

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>DAVID WALTER GEEVER</b>			4. SEX <b>MALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JULY 7, 2018</b>
6. AGE <b>75 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>AUGUST 6, 1942</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>PLYMOUTH</b>	9. COUNTY OF DEATH <b>GRAFTON</b>	
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: <b>3</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CREMATORY</b>				
12. LOCATION (City/Town, State) <b>WORCESTER, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>JULY 10, 2018</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO				
16. FUNERAL DIRECTOR <b>MARK R BARTON</b>			17. N.H. LIC. NUM ONLY <b>1024</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MAYHEW FUNERAL HOMES INC, MEREDITH, NH</b>				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>MARK R BARTON</b>		20. CITY/TOWN <b>PLYMOUTH</b>	21. DATE ISSUED (Month, Day, Year) <b>JULY 7, 2018</b>	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>BURIAL OF CREMATED REMAINS</i>	28. DATE OF DISPOSITION (Month, Day, Year) <i>7/14/2018</i>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Crematory Southborough, MA 01772</i>		
30. SECTION <i>SEC. I</i>	31. GRAVE NO. <i>190A</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>[Signature]</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED  
TOWN CLERK'S OFFICE  
DOB 16 MAR 16 A 11:25  
JAN 5, 2012  
SOUTHBOROUGH, MA

A. (TYPE)

1. Name of Deceased: First RICHARD, Middle H, Last GROTON

2. Place of Death: County Charlotte, City, Town or Location Port Charlotte, Name of Hosp. or Inst. TideWell Hospice Inc.

3. Name of Medical Certifier: W. Brian Guthrie, M.D., Address: 2525 B Tamiami Trail, Port Charlotte, FL 33952, Phone Number: 941-979-4300

4. Name of Funeral Home/Direct Disposal Establishment: National Cremation Society, Address: 2525 B Tamiami Trail, Port Charlotte, FL 33952, Fla. Lic. No./Reg. No.: F040981, Phone No. (Area Code): 941-624-5212

5. Check appropriate Box:  
a. ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.  
b. ☒ Dana Kathy was contacted on Jan. 5, 2012. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death and that Dr. Guthrie will complete and sign the medical certification of cause of death within 72 hours.  
c. ☐ was contacted on \_\_\_\_\_ He/she verified that \_\_\_\_\_ Medical Examiner will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer: Pauline A. Grossnickle, Signature: [Signature], F.E. No./Reg. No.: F030731, Date Signed: Jan. 5, 2012

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 12F0409810016

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature: [Signature], Date Issued: Jan. 5, 2012, Date Certificate Due: Jan. 16, 2012

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: 17 F, Date: Jan 6, 2012

Medical Examiner: Rose (Dr. Imami), gave authorization by telephone to [Signature], Funeral Director/Direct Disposer, Date: Jan 6, 2012

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: ☒ BURIAL cremated remains, ☐ STORAGE, ☐ CREMATION, ☐ OTHER (Specify) \_\_\_\_\_

Place of Disposition: Rural Cemetery, Southborough, MA 01772

Date of Disposition: Jan. 17, 2012, Sec. 7, Lot 27, Grv #2a

Signature of Sexton or Person-in-Charge: [Signature]

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



**BURIAL TRANSIT PERMIT**  
**AUTHORITY TO TRANSPORT FOR FINAL DISPOSITION**  
**This permit shall accompany the remains in transit.**  
State of New Mexico  
United States of America  
New Mexico Vital Records and Health Statistics

RECEIVED  
TOWN CLERK'S OFFICE

2012 JUN 25 P 2:30

mg

Note: This form does not replace the completing and filing of a Certificate of Death or a Report of Fetal Death.

<input checked="" type="checkbox"/> DEAD BODY — DO NOT COMPLETE PART B
<input type="checkbox"/> FETAL REMAINS — DO NOT COMPLETE PART A

<b>PART A</b> <b>PERSONAL DATA ON DECEASED</b>	DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Eric Bengt Gyllenhammer					
	SEX Male	DATE OF DEATH (Month/Day/Year) May 07, 2012	AGE - Last Birthday (Years) 73	INFANT - If Under 1 year Months <<<>>> Days <<<>>>		DATE OF BIRTH (Month/Day/Year) November 29, 1938

<b>PART B</b> <b>FETUS</b>	FAMILY NAME <<<>>>	DATE OF DELIVERY (Month/Day/Year) <<<>>>	STATE OF DELIVERY <<<>>>
-------------------------------	-----------------------	---	-----------------------------

<b>PART C</b>     <b>METHOD AND PLACE OF DISPOSITION</b>	METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): <<<>>>		PLACE OF DISPOSITION - Name of Cemetery / Crematory or Other Place Direct Funeral Services Crematory	
	DISPOSITION LOCATION (City, State and Country) Albuquerque, New Mexico, USA			
	FUNERAL SERVICE FACILITY NAME Direct Funeral Services		FUNERAL SERVICE FACILITY ADDRESS (Address, City, State, Zip Code) 2919 Fourth St Albuquerque, New Mexico 87107	
	NAME OF FUNERAL DIRECTOR or PERSON ACTING AS AUTHORITY Elizabeth Rymarz-Misener		TITLE of AUTHORITY <input checked="" type="checkbox"/> FSP <input type="checkbox"/> ASSOC. <input type="checkbox"/> DD <input type="checkbox"/> Other (Specify): <<<>>>	LICENSE NUMBER 767
	DATE ISSUED (Month/Day/Year) May 10, 2012			
	PLACE OF DEATH OCCURRENCE - Give Name of Hospital or Other Facility (If neither, give Street Address or Location) University Hospital (UNM Hospital)			
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency Room / Outpatient		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other, Specify <<<>>> <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Assisted Living Facility		

This permit is issued under the authority of the New Mexico State Registrar and shall accompany the remains in transit.

All certificates or reports having been filed as required by the laws of New Mexico and all laws and regulations governing the preparation and disposal of dead bodies/fetal remains having been complied with, this permit (when properly completed) constitutes authority for (1) the transport of the body/fetus out-of-state for final disposition; or (2) final disposition in-state by a person other than a licensed funeral service director or direct disposer.

Authority preparing permit must mail or fax a copy of completed permit within 24 hours of Date Issued to:  
New Mexico Vital Records State Registrar  
Post Office Box 26110  
Santa Fe, NM 87502  
Fax Number: 1-505-827-1751

I hereby certify that the cremated remains of Eric Bengt Gyllenhammer accompanying this permit was disposed of in accordance with its terms

At Rural Cemetery Town Southborough, MA  
on June 16, 2012 Final Disposition Section M, Grv#121A  
Certified by [Signature]  
Cemetery Supervisor

HEA 2721  
REV 01/07

I ~~HEREBY~~ CERTIFY THAT THE CREMATED REMAINS WERE DISPOSED OF  
IN ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:

Place of Disposition  
Rural Cem. ~~at~~ <sup>near</sup> Orderville  
Southwestern Min. Co. 1899  
Sec. H. Engr 1910

SIGNATURE

*B. C. Palmer - 1897*

DISPOSITION TYPE  
TOWAL OF  
CHARGED REMAINS

DATE OF DISPOSITION  
APRIL 26, 2018

NAME OF AUTHORIZED DESIGNEE  
BRIDGET A. GUENEY-LEARD



4/26/2017 19:30 SEC. 11-EAST, LOT 46, GRV. 8A (CONV.) KOREA AIRFORCE

RECEIVED  
TOWN CLERK'S OFFICE

2017 MAY -5 A 10:51



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: April 11, 2017

TRACKING NUMBER: 2017059658

SOUTHBOROUGH, MA

1. DECEDENT INFORMATION

Name of Deceased

EDWIN A HECKMAN

Date of Death

April 8, 2017

Place of Death - County

PASCO

City, Town or Location

NEW PORT RICHEY

Name of facility, or street address if not a facility

MARLIERE CARE CENTER

Name and Address of Funeral Home/Direct Disposal Establishment

NATIONAL CREMATION & BURIAL SOCIETY - HUDSON F040242

13011 US HWY 19  
HUDSON, FLORIDA, 34667

Fla. Lic. No./Reg. No.

F040242

Phone Number

(727) 847-4745

Funeral Director/Direct Disposer

TANYA R. PARKER

Fla. Lic. No./Reg. No.

F047591

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number:

2017-F040242-5130

Date Issued:

April 10, 2017

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 6

Approval Number: 71704445

4. CEMETERY OR CREMATORY

Place of Disposition:

RURAL CEMETERY, SOUTHBOROUGH, MA

Method of Disposition:

BURIAL OF CREMATED REMAINS

Date of Disposition:

April 26, 2017

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

## DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JUNE 21, 2010 AT 12:00 PM

Section A - Local Registrar or Funeral Director PAUL J. BERRY, TOWN CLERK

Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.

Full Name of Decedent (1.) <i>Edward George Harris</i>		Sex (2.) <i>Male</i>	Date of Death (4.) <i>3-28-2010</i>	Date of Birth (6.) <i>4-30-1917</i>
County of Death (8b.) <i>Chester</i>	City, Boro, Twp. of Death (8c.) <i>Kennett Square</i>	Facility Name (8d.) <i>Kendal At Longwood</i>		
Was Decedent ever in the U.S. Armed Forces? (12.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Cause of Death (27.) <i>Failure to thrive Diabetes Mellitus Prostate Cancer Hypertension</i>				
Authorized Method of Disposition (Check all that apply) <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation (Authorization No., if applicable) _____ <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable _____)				Date of Disposition (21b.) <i>3-31-2010</i>
Place of Disposition (Name of cemetery, crematory or other place as listed in Item 21c.) <i>Hockessin Crematory Company</i>				
Location (City/town, state, zip code as listed in Item 21d.) <i>Hockessin Delaware</i>				County (if in Pennsylvania)

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504, 28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

## Section B - Local Registrar

Signature and district number of Local Registrar issuing permit:  <i>Marie DeFoe</i> <b>23233</b>	Was this permit released as a blank pre-signed permit prior to filing the death certificate?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Complete Address <b>117 Kildare Lane Aston, PA 19014-1228</b>	If yes, date released to funeral director: _____ If no, date permit issued by local registrar: <i>3-31-10</i>

## Section C - Funeral Service Licensee (or person acting as such)

Funeral Director License # <i>013268-L</i>
Signature of Funeral Service Licensee (or person acting as such):  <i>[Signature]</i> Date <i>3-31-10</i>
Complete Address <i>Chandler Funeral Home 2506 Concord Pike Wilmington, DE 19803</i>

## Section D - Cemetery or Crematory Official

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.	
Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):  <i>Hockessin Crematory</i>	
Date of Disposition <i>3/31/10</i>	
Complete Address <i>7230 Lancaster Pike Hockessin DE 19707</i>	

## INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

**Copies 1, 2 & 3:** Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person acting as such) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within ten days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154, for the name and address of appropriate local registrar in district where disposition occurred.
- (3) Submit at the end of each month to: **Division of Vital Records, PO Box 1528, New Castle, PA 16103.**

**Copy 4:** Issuing local registrar retains for his/her files.

COPY 1

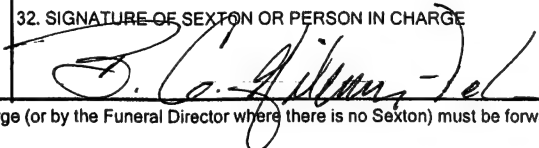
The cremated remains accompanying this permit was disposed of in accordance with its terms at Rural Cemetery in Southborough, Massachusetts on June 19, 2010 in Grv1A of Lot37-S of Sec.C-West.


*[Signature]*

Cemetery Supervisor 6/21/2010

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>SHIRLEY B HARRIS</b>			4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>MARCH 3, 2013</b>
6. AGE <b>94 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JULY 16, 1918</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>HANOVER</b>		9. COUNTY OF DEATH <b>GRAFTON</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other) :				CODE: <b>3</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>VALLEY CREMATORY</b>				
12. LOCATION (City/Town, State) <b>HARTFORD, VT</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>MARCH 5, 2013</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>UNKNOWN</b>				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <b>UNKNOWN</b>				
<b>A CERTIFICATE OF DEATH, HAVING BEEN FIRST AND FOREMOST REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>				
16. FUNERAL DIRECTOR <b>JOHN W WILSON</b>			17. N.H. LIC. NUM ONLY <b>673</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>RAND-WILSON FUNERAL HOME INC, HANOVER, NH</b>				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>JOHN W WILSON</b>		20. CITY/TOWN <b>HANOVER</b>		21. DATE ISSUED (Month, Day, Year) <b>MARCH 4, 2013</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>cremation burial</b> <b>Sec.C-West, Lot37s, Grv#1B</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>5/17/2013</b>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>C-West</b>	31. GRAVE NO. <b>1B</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

  
 RECEIVED  
 TOWN CLERK'S OFFICE  
 2013 JUN 11 A 9:49  
 SOUTH BORO

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

## Interment Order

Cemetery: Southborough Cemetery Southborough, MA.

Name City, State

Deceased: Hartwig Thelma R.  
Last name First name Middle

Address: 2 Red Gate Lane Southborough MA.  
Street City State

Date of Death: June 5, 2003 Place Gloucester, MA. Age 84

Funeral: Southborough Cemetery 11 AM Saturday, June 14, 2003  
Place Time Day Date

Funeral Director: John W. Greely *978-285-0695*  
James C. Greely Funeral Service, In., Gloucester, MA. 01930

### Cemetery Information:

Number of Graves in Lot: \_\_\_\_\_ Grave No. 3A

Section 6 Lot No. 12A Cremation X

Full Burial \_\_\_\_\_

Owner of Lot: Hartwig William A.  
Last name First name Middle

Address: 2 Red Gate Lane, Southborough, MA. 01772

I hereby certify that I am the (given relation) Husband of the above named decedent and that this is your authority to make deposition of the remains of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization and I agree

To hold Southborough cemetery harmless from any liability  
Of said authorization.

Signed: *Wm A Hartwig* Dated: June 10, 2003  
Owner or Legal Representative

Address: 2 Red Gate Lane, Southborough, MA. 01772

*508-485-5264*

Date of Interment June 14, 2003 Sec. 6 Lot 12A Grv# 3A

Supervisor in Charge *Bridget A. Gilleney*  
Bridget A. Gilleney

STATE OF HAWAII  
DEPARTMENT OF HEALTH**BURIAL-TRANSIT PERMIT**OFFICE OF HEALTH  
STATUS MONITORINGTown Clerk  
PERMIT NO. 2004 - 004670

NAME OF DECEASED (FIRST, MIDDLE, LAST) MICHAEL CHARLES HEATON				DATE OF DEATH August 30, 2004	
SEX MALE	RACE CAUCASIAN	AGE 35 Yr(s)	PLACE OF DEATH (CITY OR TOWN) (COUNTY) (STATE) KAAAWA HONOLULU HAWAII		
DISPOSITION: REMOVAL		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORY) JOHN MATTARESE FUNERAL HOME			
DATE OF DISPOSITION: September 4, 2004		(CITY OR TOWN, COUNTY, STATE OR COUNTRY) ASHLANE, MASSACHUSETTS			
NAME OF FUNERAL ESTABLISHMENT BORTHWICK MORTUARY			BUSINESS ADDRESS 1330 MAUNAKEA STREET HONOLULU, HI 96817		
A CERTIFICATE OF DEATH HAVING BEEN FILED, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THIS BODY					
SIGNATURE OF LOCAL REGISTRAR >> <i>[Signature]</i>		(CITY OR TOWN) HONOLULU	(COUNTY) HONOLULU	DATE September 2, 2004	
AUTHORIZED DISPOSITION AS STATED ABOVE OCCURRED ON (DATE) Sec. A, Lot 30, Grv#3 September 7, 2004			SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR CREMATORY 1 >> <i>[Signature]</i>		

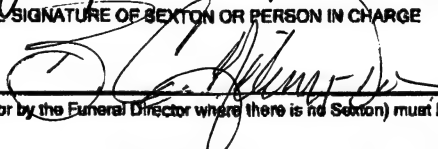
Disposition occurred at Rural Cemetery, Southborough, MA

1103154

<sup>1</sup> Where no designated person is in charge of a cemetery, the funeral director should sign here. The person signing is responsible for returning this permit within 10 days to the registrar of the district in which burial or cremation took place.

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>BARBARA ANN HEDDEN</b>			4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JULY 16, 2014</b>
6. AGE <b>79 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 21, 1935</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>NASHUA</b>		9. COUNTY OF DEATH <b>HILLSBOROUGH</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6.Other ) :				CODE <b>SOUTHBOROUGH, MA</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETRY</b>				
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>JULY 17, 2014</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <i>Rural Cemetery, Southboro. Ma 01772</i>				
16. FUNERAL DIRECTOR <b>NANCY G MORRIS</b>			17. N.H. LIC. NUM ONLY <b>0000</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MA</b>				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) <b>CARL A MICHAUD</b>		20. CITY/TOWN <b>NASHUA</b>		21. DATE ISSUED (Month, Day, Year) <b>JULY 17, 2014</b>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Buried</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>July 17 2014</i>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Cemetery Southboro MA</i>
30. SECTION <b>Sec. C-West</b> <b>Lot 56east</b>	31. GRAVE NO. <b>#2</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

Received and filed in the Office of the Town Clerk Oct. 27, 2006 3:30pm

# Cayuga Crematorium Incorporated

P.O. Box 22 55 West Main Street Dryden, N.Y. 13053

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

## Certificate of Cremation

This certifies that the remains of:

Marjorie E. Hock

were cremated on July 27, 2006 at the Cayuga Crematorium Incorporated, Dryden, N. Y.  
and these are the cremated remains of said body.

Date of Death July 25, 2006 Age 85

Funeral Home Riccardi Funeral Home

Registered No. 5847

*BRADLEY P. PERKINS*  
(Manager)

New York State Vandalism Fee Paid by Crematorium.

I certify that the cremated remains identified on the reverse side were interred in accordance with cemetery regulations on:

Date of Disposition 10/4/06 Place of Disposition Rural Cemetery  
Southborough, MA 01772  
(Cemetery Name)

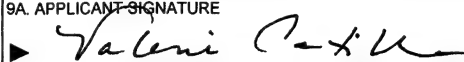
11-East, 40 7A  
(Section) (Lot Number) (Grave)

Name of Sexton or Person in Charge of Premises BRIDGET H. GILLENWATER-DEGENZO  
(Please print)


Signature *Bridget H. Gillenwater-DeGenzo* Title Cemetery Supervisor

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

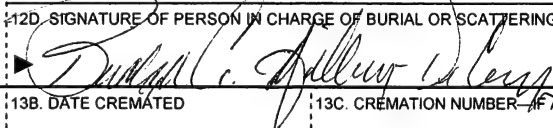




USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST <b>SEAN</b>		1B. MIDDLE <b>ARTHUR</b>		1C. LAST <b>HORTON</b>	
2. SEX <b>M</b>	3. DATE OF BIRTH (MONTH, DAY, YEAR) <b>07/30/1968</b>	4. DATE OF DEATH (MONTH, DAY, YEAR) <b>07/08/2007</b>		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)	
6A. CITY OF DEATH <b>SAN RAFAEL</b>			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE <b>MARIN</b>		
7A. NAME OF INFORMANT <b>LEWIS HORTON</b>		7B. RELATIONSHIP TO DECEDENT <b>FATHER</b>		8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE <b>MONTE'S CHAPEL OF THE HILLS 330 REDHILL AVE SAN ANSELMO, CA 94960</b>	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE <b>8 LOWELL ROAD WELLESLEY, MA 02481</b>				8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>FD602</b>	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.					
				9A. APPLICANT SIGNATURE 	
9B. DATE SIGNED <b>07/21/2008</b>					

**PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION**  
 This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID <b>\$ 11.00</b>	10B. DATE PERMIT ISSUED <b>07/21/2008</b>	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006 SAN RAFAEL, CA 94903</b>		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D <b>--</b>	

11. AUTHORIZED DISPOSITION(S)  <b>TR/BU</b>	FOR CORONER'S USE ONLY
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<b>cremation</b> <small>BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)</small>	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Rural Cemetery Southborough, MA 01772</b>	12B. DATE BURIED <b>Aug. 5, 2008</b>	12C. INTERMENT NUMBER—IF APPLICABLE <b>Sec.B-West, Lot 47</b>
	12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 		
<b>CREMATION</b>	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 	
<b>SCIENTIFIC USE</b>	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 
<b>TRANSIT</b>	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>SOUTHBOROUGH RURAL CEMETERY, SOUTHBOROUGH, MA 01772</b>	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 	15D. DATE SHIPPED
<b>SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY</b>	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL 	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

- COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*
- COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*
- COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



#### **INSTRUCTIONS FOR COPY DISTRIBUTION**

- COPY 1** ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 2** RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3** RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 4** RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### **SPECIAL INSTRUCTIONS REGARDING CREMATION**

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C-17274


USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN) <b>SEAN</b>	1B. MIDDLE <b>ARTHUR</b>	1C. LAST (FAMILY) <b>HORTON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/30/1968</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/08/2007</b>	4. SEX <b>M</b>
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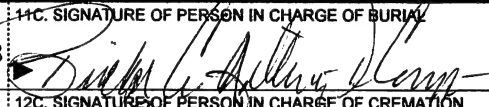
5A. CITY OF DEATH <b>SAN RAFAEL</b>	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE <b>MARIN</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LEWIS HORTON, FATHER 8 LOWELL ROAD WELLESLEY, MA 02481</b>
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MONTE'S CHAPEL OF THE HILLS, 330 REDHILL AVE SAN ANSELMO, CA 94960</b>	7B. CALIF. LICENSE NUMBER – IF APPLICABLE <b>FD602</b>	8A. SIGNATURE OF APPLICANT – Person taking permit 	8B. DATE SIGNED <b>07/10/07</b>
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID <b>\$11.00</b>	9B. DATE PERMIT ISSUED <b>07/10/2007</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>FRED S SCHWARTZ, MD</b>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA <b>MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006 SAN RAFAEL, CA 94903</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>--</b>			

10. AUTHORIZED DISPOSITION(S) <b>CR/TR/RES</b>	FOR CORONER'S USE ONLY
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cremains BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Rural Cemetery Southborough, MA 01772</b>	11B. DATE BURIED <b>Aug. 5, 2008</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
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COMPLETE ALL APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>VALLEY MEMORIAL PARK, NOVATO, CA 94945</b>	12B. DATE CREMATED <b>7-14-07</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
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COMPLETE ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
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COMPLETE ALL APPLICABLE ITEMS	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED <b>RESIDENCE OF LEWIS HORTON, 8 LOWELL ROAD, WELLESLEY, MA 02481</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
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COMPLETE ALL APPLICABLE ITEMS	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER – IF APPLICABLE
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COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59e (REV.12/04)

## SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

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# STATE OF NEW HAMPSHIRE BURIAL - TRANSIT PERMIT

1. BURIAL PERMIT NO.	
2. CITY OR TOWN <b>KEENE</b>	
3. DECEDENT'S NAME - (First, Middle, Last) <b>MARGARET ROCHE HOWARTH</b>	4. SEX <b>FEMALE</b>
5. DATE OF DEATH (Month, Day, Year) <b>DECEMBER 23, 1993</b>	
6. AGE <b>93 YRS</b>	7. DATE OF BIRTH (Month, Day, Year) <b>APRIL 20, 1900</b>
8. CITY, TOWN OR LOCATION OF DEATH <b>KEENE</b>	
9. COUNTY OF DEATH <b>CHESHIRE</b>	
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: <b>1</b>	11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>
12. LOCATION (City/Town/State) <b>SOUTHBORO, MA</b>	
13. DATE OF DISPOSITION <b>DEC 28, 1993</b>	
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL DISPOSITION	
15. LOCATION (City/Town/State)	
15a. DECEDENT HAD OR SUSPECTED TO HAVE <b>NO</b> A CONTAGIOUS DISEASE	
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>	
16. FUNERAL DIRECTOR <b>DILUZIO SR, ROBERT J</b>	17. N.H. LICENSE NO. ONLY <b>452</b>
18. NAME AND LOCATION OF FACILITY (City/Town/State) <b>FOLEY FUNERAL HOME, KEENE, NH</b>	
19. COUNTERSIGNED AGENT (City Board of Health/Sub-Registrar, if applicable) <b>DILUZIO SR, ROBERT J</b>	20. CITY/TOWN <b>KEENE</b>
21. DATE ISSUED (Month, Day, Year) <b>DECEMBER 23, 1993</b>	
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>	
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)	23. DATE STORED (Month, Day, Year)
24. CITY/TOWN/STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT	
26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Buried</b>	28. DATE OF DISPOSITION (Month, Day, Year) <b>December 28, 1993</b>
29. NAME AND LOCATION OF CEMETERY, CREMATORY OR VAULT (City/Town/State) <b>Rural Cemetery, Southborough, MA</b>	
30. SECTION <b>12 (lot 4A)</b>	31. GRAVE NO. <b>2</b>
32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Budget H. Gillmore</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.	

## READ CAREFULLY

JAN 05 1994

**OFFICIALS:** This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - ~~not before~~. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

**DISINTERMENT:** This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.



## State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT 2/22/02 Received in the Office of the Town Clerk

A. (TYPE)

1. Name of Deceased	First <b>THELMA</b>	Middle <b>VIRGINIA</b>	Last <b>HUBBARD</b>	Date of Death	Month <b>02</b>	Day <b>03</b>	Year <b>2002</b>
2. Place of Death	City, Town or Location County <b>Lake Tavares</b>			Name of (If neither, give street address) Hosp. or Inst. <b>Somerset on Lake Saunders</b>			
3. Name of Medical Certifier	<b>Ivette Santiago</b>			Address <b>3130 Waterman Way Tavares, FL 32778</b>		Phone Number <b>352-742-8830</b>	
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician						
4. Name of Funeral Home/Direct Disposal Establishment	Address <b>Steverson, Hamlin &amp; Hilbush Funeral Home 226 E Burleigh Blvd, Tavares, FL 32778</b>			Fla. Lic. No./Reg. No. <b>256</b>	Phone No. (Area Code) <b>352-343-4444</b>		
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input checked="" type="checkbox"/> <b>Dr Santiago</b> was contacted on <b>02-04-02</b>. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <b>she</b> will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>						
6. Funeral Director/Direct Disposer	Signature <i>Matthew A. Pires</i>			F.E. No./Reg. No. <b>4318</b>	Date Signed <b>2-5-02</b>		

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. **256-0538**

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *Don B. Grimes* Date **02-04-02** Date Certificate Issued **02-13-02**

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_ Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY** Southborough Rural Cemetery

Method of Disposition: Place of Disposition **Sec. 6, Lot 40, Grv#2 on 2/15/02**

☐ BURIAL ☐ STORAGE Date of Disposition **Burial on February 15, 2002**

☐ CREMATION ☒ OTHER (Specify) **REMOVAL FROM STATE**

Signature of Sexton or Person-in-Charge } *David C. Williams*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

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## APPLICATION FOR PERMIT

### Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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## BURIAL-TRANSIT PERMIT

### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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## AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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## CEMETERY OR CREMATORY

### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

I hereby certify the the cremated remains accompanying this permit was disposed of in accordance with the terms, at Rural Cemetery Southborough, MA

Cert. by

*Budget Co. Williams*

on November 15, 2008

Final Diposition Sec.E, Lot2-C, Grv#2A

TYPE OR PRINT WITH BLACK INK		FILING DATE	CERTIFICATE OF DEATH		STATE FILE NUMBER	123-
			STATE OF MISSISSIPPI			
DECEASED	1. NAME	First Middle Last	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)	
	Lillian Ann Jackson		Female	03:33 a.m.	September 02, 2008	
	4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH
	White	05 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		January 23, 1943	Lamar
	7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. FOR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	Hattiesburg		Wesley Medical Center (37m)		INPT. LA	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
	Elem/High School, College	Widowed			No	
	(0-12) 12 (1-4, 5+)					
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY	
For RESIDENCE items, enter actual location of home rather than mailing address	American		018-18-7100		Homemaker Own Home	
	16a. RESIDENCE-STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION	
	Mississippi	Forrest	Hattiesburg	Yes	6490 Highway 49 Apt 253	
	17. FATHER-NAME		First Middle Last	18. MOTHER-NAME		
	Salvatore ZAlba		Carmella Ferro			
INFORMANT	19a. INFORMANT-NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
	Robert Jackson		6490 Highway 49 Apt 253 Hattiesburg, MS 39401			
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME	20c. LOCATION (City and State)	21a. EMBALMER-SIGNATURE AND NUMBER	
	Cremation		Memorial Gardens	Picayune, MS	"Not Embalmed"	
PRONOUNCEMENT	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
	Moore Funeral Home 18M		P.O. Box 2056 Hattiesburg, MS 39403			
CERTIFIER	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)	
	Dr. Grif Leek, MD		ON September 02, 2008		AT 03:33 a.m.	
Mississippi State Board of Health Form No. 511 Revised 1-1-89	23a. CERTIFIER-NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
	Blakley Wayne Davis - CMEI		P.O. Box 1963 Purvis, MS. 39475			
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.			
	SIGNATURE		SIGNATURE			
	24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER			
CAUSE OF DEATH	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. TITLE			
			Lamar County Coroner			
			24g. DATE SIGNED (Month, Day, Year)			
			September 02, 2008			
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):			
	(a) Respiratory Failure		Interval between onset and death			
	(b) End Stage Alzheimer's Disease		Interval between onset and death			
	(c) Hypertension		Interval between onset and death			
	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		Status Post CABG X 2, & Dementia			
RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK NOVEMBER 20, 2008 AT 11:45 AM	27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
	No		Yes			
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED					
	29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION	
				Street or route number City or town State		


BURIAL TRANSIT PERMIT

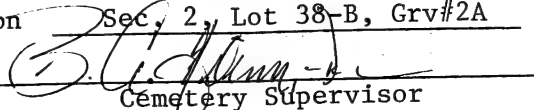
RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK NOVEMBER 20, 2008 AT 11:45 AM

PAUL J. BERRY, TOWN CLERK

FILE COPY

RECEIVED  
OFFICE  
2015 MAR 25 A 11:20  
SOUTHBOROUGH, MA

State of Florida, Department of Health, Bureau of Vital Statistics			
BURIAL TRANSIT PERMIT			
Florida HEALTH		DATE PRINTED: March 17, 2015	TRACKING NUMBER: 2015042833
<b>1. DECEDENT INFORMATION</b>			
Name of Deceased		Date of Death	
JOSEPHINE JEROME		March 12, 2016	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility	
INDIAN RIVER	VERO BEACH	901 37TH STREET	
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No.	Phone Number
STRUNK FUNERAL HOME AND CREMATORY- VERO BEACH F041804 916 17TH ST VERO BEACH, FLORIDA, 32960		F041804	(772) 562-2325
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.	
R. MARSHALL VOYLES JR		F043488	
<b>2. BURIAL - TRANSIT PERMIT</b>			
The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.			
 State Registrar		Permit Number:	2016-F041804-5102
		Date Issued:	March 16, 2016
<b>3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION</b>			
Authorization given by Medical Examiner District		19	Approval Number: C16-19-03-288
<b>4. CEMETERY OR CREMATORY</b>			
Place of Disposition:	VERO BEACH CREMATORY		
Method of Disposition:	CREMATION		
Date of Disposition: _____			
EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.			
If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.			
DH 326E, 10/12 64V-1.011, Florida Administrative Code			

I hereby certify that the cremated remains accompanying this permit were disposed of in accordance with its terms:  
 at Rural Cemetery Southborough, MA On March 24, 2015  
 Final Disposition Sec. 2, Lot 38-B, Grv#2A  
 Certified by   
 Cemetery Supervisor



# The Commonwealth of Massachusetts

## STANDARD CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY
4a PLACE
4c HOSP.
5. TYPE
7. VET.
8. HISP RACE
9. EDUC.
10. AGE
11. NATIVITY
12. MARITAL
15. RESID.
15. OUT-STATE
23. DISP.
31-32 AUTOP.
33. MED EXAM
34. MANNER
35C. WORK INJ
35F. PLACE
36-37 CERT
40A. RN PRO

### DECEDENT

### INFORMANT

### DISPOSITION

### CERTIFIER

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		GORDON	H.	JEWETT	2 M	3 April 9, 1990	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
4a Southboro		4b MIDDLESEX		4c 200 MAIN ST			
PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER	
5				6 032-10-6776		IF US WAR VETERAN SPECIFY WAR	
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				RACE (e.g. White, Black, American Indian, etc.) (Specify):		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12)   College (1-4, 5+)	
8a Specify:				8b White		9 12 2	
AGE - Last Birthday (Yrs.)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)	
10a 74		10b MOS	10c DAYS	10d Nov. 29, 1915		11 Worcester MA	
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If retired)		KIND OF BUSINESS OR INDUSTRY	
12 MARRIED		13 Mary S. Armitage		14a SALESMAN		14b Auto supplies	
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY						ZIP CODE	
15a 200 MAIN ST. Southboro MIDDLESEX MA						15b 01772	
FATHER - FULL NAME		STATE OF BIRTH (If not in US, name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in US, name country)	
16 GEORGE JEWETT		17 CANADA		18 MARTHA HOBBS		19 CANADA	
INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE				RELATIONSHIP	
20 MARY S. JEWETT		21 200 MAIN ST. Southboro MA 01772				22 WIFE	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:		<input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE		FUN. SERVICE LICENSEE #	
23		24 EDWARD P. SHEA		25 5318			
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)				LOCATION (City/Town, State)			
26a RURAL CEMETERY				26b WORCESTER MA			
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME OF FACILITY		ADDRESS OF FACILITY			
27 APRIL 11, 1990		28a MCCREA - MURPHY INC.		28b 921 MAIN ST. WORC. MA			
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.						Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. _____ DUE TO (OR AS A CONSEQUENCE OF)							
b. _____ DUE TO (OR AS A CONSEQUENCE OF)							
c. _____ DUE TO (OR AS A CONSEQUENCE OF)							
d. _____							
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.							
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.						WAS AUTOPSY PERFORMED? (Yes or No)	
30						31	
WAS CASE REFERRED TO MED EXAM? (Yes or No)		34 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY	
33		35a		35b		35c	
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:		LOCATION (No. & St., City/Town, State)			
35d		35e		35f			
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)	
36b		36c		36d		37b	
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		36e		36f		37c	
36d		36e		36f		37d	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)						LICENSE NO. OF CERTIFIER	
38						39	
WAS THERE AN R.N. PRONOUNCEMENT? Yes or No		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED		40d NAME OF PRONOUNCING REGISTERED NURSE	
40a		40b		40c		NAME	
DATE BURIAL PERMIT ISSUED: Signature - BD. OF HEALTH AGENT						RECEIVED IN THE CITY/TOWN OF:	
41						CLERK'S SIGNATURE	
42						43	

BLACK INK ONLY

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_ RANK, RATING: \_\_\_\_\_

ORGANIZATION AND OUTFIT: \_\_\_\_\_

## INSTRUCTIONS USE ONLY DURABLE BLACK INK

TO CERTIFIER: Complete the following items. DO NOT COMPLETE ITEMS 1 TO 28 ON FRONT SIDE.

DECEDENT - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1				2	3
PLACE OF DEATH (City/Town)		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		
4a		4b	4c		
PLACE OF DEATH (Check only one):					
HOSPITAL:			OTHER:		
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
5					

**AND COMPLETE ITEMS 29-40 on reverse side. NOTE:** Item #36 is for certifying physician only and item 34, 35, and 37 for medical examiners only. Items 38-40 are for both.

### TO FUNERAL DIRECTOR:

1. Item #'s 1 through 28 must be completed. Strikeovers, erasures, etc. are not permitted.
2. File completed certificate with Board of Health or its authorized agent for the city or town where the death occurred (item #4a).

### TO BOARD OF HEALTH AGENT:

1. Examine for accuracy and completeness.
2. Sign and date item #41 only after the certificate is satisfactory and the permit is issued.

## RULES OF PRACTICE

1. The following cases must be referred to a Medical Examiner (MGL Ch. 38, Sec. 6). When any person in the Commonwealth is supposed to have died by violence, or:  
by the action of chemical, thermal or electrical agents, or  
following abortion, or from  
diseases resulting from injury or infection relating to occupation, or  
suddenly when not disabled by recognizable disease, or from  
malnutrition, or from  
sexual abuse, or  
a child who is determined to be physically dependent upon an addictive drug at birth, or when any person is found dead.
2. In other cases, or if the Medical Examiner waives jurisdiction, the certifier may be (MGL Ch. 46, Sec. 9; Ch. 114, Sec. 45):  
the attending physician;  
the board of health physician;  
the physician declaring such person dead;  
a duly appointed registered hospital medical officer.

## DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

SOUTHBOROUGH, MA

## Section A - Local Registrar or Funeral Director

Transcribe Information as listed on Certificate of Death per corresponding item numbers in parenthesis.

Full Name of Decedent (1.) <b>HENRY JOHNSON</b>	Sex (2.) <b>MALE</b>	Date of Death (4.) <b>2-9-2011</b>	Date of Birth (6.) <b>10-6-2010</b>
County of Death (8b.) <b>PHILA</b>	City, Boro, Twp. of Death (8c.) <b>PHILA</b>	Facility Name (8d.) <b>ROXBOROUGH MEMORIAL Hosp.</b>	

Was Decedent ever in the U.S. Armed Forces? (12.) ☐ Yes ☒ No

Cause of Death (27.)

**PENDING**

Authorized Method of Disposition (Check all that apply)

☒ Burial ☐ Entombment ☐ Cremation (Authorization No., if applicable) ☐ Donation  
☐ Removal from Pennsylvania (Specify method of removal, if applicable)

Date of Disposition (21b.)

**2-16-2011**

Place of Disposition (Name of cemetery, crematory or other place as listed in Item 21c.)

**RURAL CEMETERY**

Location (City/town, state, zip code as listed in Item 21d.)

**SOUTH BOROUGH MA**

County (if in Pennsylvania)

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S. §450-504-28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

## Section B - Local Registrar

Signature and district number of Local Registrar issuing permit:

**Arnell J. Acvone****51461**

Was this permit released as a blank pre-signed permit prior to filing the death certificate?

☒ Yes ☐ No
 Complete Address  
 DIVISION OF VITAL RECORDS  
 110 NORTH 8TH STREET, SUITE 108  
 PHILADELPHIA, PA 19107

If yes, date released to funeral director: \_\_\_\_\_

If no, date permit issued by local registrar: \_\_\_\_\_

## Section C - Funeral Service Licensee (or person acting as such)

Funeral Director License # **FS015565**

Signature of Funeral Service Licensee (or person acting as such):

**Francis Edwin Stanke III** Date **2-14-2011**  
 Complete Address  
**HANCOCK EH LTD**  
**8018 ROOSEVELT BL**  
**PHILA PA 19122**

## Section D - Cemetery or Crematory Official

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.

Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):

**Stacy Allen** Date of Disposition **2/16/2011**  
 Complete Address  
**Rural Cemetery**  
**11 Cordaville Rd.**  
**Southborough, MA 01772-1802**

## INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

**Copies 1, 2 & 3:** Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person acting as such) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within ten days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154, for the name and address of appropriate local registrar in district where disposition occurred.
- (3) Submit at the end of each month to: **Division of Vital Records, PO Box 1528, New Castle, PA 16103.**

**Copy 4:** Issuing local registrar retains for his/her files.

## **INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT**

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- Vital Statistics Law 35 P.S., §450.504
- 28 PA Code, Chapter 1
- Any other Commonwealth Laws regarding disposition of dead bodies

### **Section A**

Local registrar or funeral director is responsible for completion, as follows:

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

### **Section B**

Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) OR date Disposition/Transit Permit was issued by local registrar.

### **Section C**

Funeral Service Licensee (or person acting as such) is responsible for completion, as follows:

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person acting as such.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person acting as such must enter date of signature.

**IMPORTANT:** The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

### **Section D**

Cemetery or Crematory Official is responsible for completion, as follows:

- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.

Received and filed in the Office of the Town Clerk Oct. 28, 2003 9:00am

DISTRIBUTION OF COPIES: ☒ Place of Final Disposition  
☐ Place of Death☐ Place Permit Issued  
☐ Issuing Clerk - Retain Until  
Endorsement ReceivedPaul J. Berry,  
Town ClerkSTATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Elva Mae Johnstone			2. DATE OF DEATH (Mo., Dy., Yr.) October 9, 2003		
3. SEX F	4. AGE 88	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Caribou, Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON duncan-Graves Funeral Home, Inc., Presque Isle, Maine			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 09063		
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF  
THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR → <i>Mair C. Johnston</i>		11. CITY OR TOWN Presque Isle	12. DATE SIGNED (Mo., Dy., Yr.) Oct. 10, 2003
<b>DISPOSITION</b>			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT		14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		16. DATE (Mo., Dy., Yr.)
REMAINS WERE: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION <i>Presque</i> Southboro Cemetery		18. LOCATION (City or Town) (State) Southboro, MA
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>Paul J. Berry</i>		20. DATE (Mo., Dy., Yr.) 10/14/-03
DISPOSITION OF CREMAINS: <input type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		22. LOCATION (City or Town) (State)
	23. SIGNATURE OF RESPONSIBLE PERSON →		24. DATE (Mo., Dy., Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT		26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		28. DATE (Mo., Dy., Yr.)

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.



## State of Florida, Department of Health, Bureau of Vital Statistics

## BURIAL TRANSIT PERMIT

DATE PRINTED: September 17, 2018

TRACKING NUMBER: 2018144099

## 1. DECEDENT INFORMATION

## Name of Deceased

CHESTER EDWARD KENBOK

## Date of Death

September 3, 2018

## Place of Death - County

SEMINOLE

## City, Town or Location

LONGWOOD

## Name of facility, or street address if not a facility

VITAS SUITES AT SOUTH SEMINOLE HOSPITAL

## Name and Address of Funeral Home/Direct Disposal Establishment

NEWCOMER CREMATIONS, FUNERALS & RECEPTIONS F080231  
335 EAST STATE ROAD434  
LONGWOOD, FLORIDA, 32750

## Fla. Lic. No./Reg. No.

F080231

## Phone Number

(407) 260-5400

## Funeral Director/Direct Disposer

JESSICA R COMBS

## Fla. Lic. No./Reg. No.

F073088

## Medical Verification Statement

Kathy at the certifying physician's office, was contacted on 09/04/2018 by the funeral director listed above; he/she indicated that MARC GORDON KAPROW, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

## 2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2018-F080231-5157

Date Issued: September 4, 2018

State Registrar

## 3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 7

Approval Number: SM23870

## 4. CEMETERY OR CREMATORY

Place of Disposition:

RURAL CEMETERY, SOUTH SEMINOLE, FLA

Method of Disposition:

BURIAL OF CREMATED REMAINS

Date of Disposition:

Sept 29, 2018

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO		RECEIVED TOWN CLERK'S OFFICE 2018 JUN 15 A 11:51 SOUTHBOROUGH, MA
			2. CITY OR TOWN		
3. DECEDENT'S NAME (First, Middle, Last) JOAN KALLANDER			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) FEBRUARY 9, 2018	
6. AGE 82 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 15, 1935	8. CITY, TOWN, OR LOCATION OF DEATH GOFFSTOWN		9. COUNTY OF DEATH HILLSBOROUGH	
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):					CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM					
12. LOCATION (City/Town, State) MANCHESTER, NH					
13. DATE OF DISPOSITION (Refer to 19a) FEBRUARY 13, 2018					
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL					
15. LOCATION OF FINAL DISPOSITION (City/Town, State)					
A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:					
16. FUNERAL DIRECTOR MADISON H FORTIN				17. N.H. LIC. NUM ONLY 1051	
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH					
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register If app.) MICHELE M PHANEUF PLASZ			20. CITY/TOWN GOFFSTOWN	21. DATE ISSUED (Month, Day, Year) FEBRUARY 9, 2018	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE					
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)		
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW					
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of Cremated Remains		28. DATE OF DISPOSITION (Month, Day, Year) JUNE 5, 2018		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA	
30. SECTION C-WEST LOT 38-5	31. GRAVE NO. 61433	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE M. H. Fortin			
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.					

Permit # 103305  
2/15/2018

Phaneuf Funeral Home  
& Crematorium

603-622-1800

MADISON FORTIN #103

**REMOVAL, TRANSIT, AND BURIAL PERMIT**

VS-9 REV. 2/84

**STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES**  
HARTFORD, CONNECTICUT 06106

PERMIT NO.

DATE ISSUED

3/7/92

1. **THIS PERMIT:** a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. **THIS IS NOT** a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

WHO DIED AT

ON

CAUSE OF DEATH

TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)

FINAL DISPOSITION (Name and address of cemetery or crematory)

ISSUED TO (Name of Funeral Director or Embalmer)

(Address)

(If embalmer, lic. no.)

Certificates required by state statute have been received and recorded.  
Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

(Town of)

TRANSIT PASTER

YES  
☐NO  
☐

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)

DATE BODY BURIED

3 / 10 / 92



**RECORDED**  
**TOWN OF SOUTHBOROUGH**

**MAR 12 1992**

**TOWN CLERKS OFFICE**

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM RT-1, 12/28/10

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) JUDITH E KEARNS			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) DECEMBER 30, 2014
6. AGE 78 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 26, 1936	8. CITY, TOWN, OR LOCATION OF DEATH BEDFORD		9. COUNTY OF DEATH HILLSBOROUGH
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other):				CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREMATORY				
12. LOCATION (City/Town, State) WORCESTER, MA				
13. DATE OF DISPOSITION (Refer to 19a) JANUARY 2, 2015				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL RURAL CEMETERY				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) SOUTHBOROUGH, MA				
16. FUNERAL DIRECTOR NANCY MORRIS				
17. N.H. LIC. NUM ONLY 0000				
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) ARTHUR O PHANEUF			20. CITY/TOWN BEDFORD	21. DATE ISSUED (Month, Day, Year) DECEMBER 31, 2014
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains				
28. DATE OF DISPOSITION (Month, Day, Year) 1/7/2015		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA		
30. SECTION M	31. GRAVE NO. 10A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

Received and filed in the Office of the Town Clerk Oct. 9, 2002 10:30am



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry

A. (TYPE)

1. Name of Deceased	First Florence	Middle Marie	Last Kenbok	Date of Death August 5, 2002
2. Place of Death	City, Town or Location Orange Orlando		Name of (If neither, give street address) Hosp. or Inst. 104 Constable Court	
3. Name of Medical Certifier	Dr. Robert Law		Address 11863 E. Colonial Drive Orlando, Florida 32826	Phone Number 407-207-5000
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician			
4. Name of Funeral Home/Direct Disposal Establishment	Dove Funeral Chapel & Crematory, Inc.		Address 4310 Curry Ford Road Orlando, Florida 32806	Fla. Lic. No./Reg. No. 2114 Phone No. (Area Code) 407-851-1983
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>Office Staff - Melissa was contacted on 08/05/02</p> <p>He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Law will complete and sign the medical certification of cause of death within 72 hours.</p> <p>was contacted on He/she verified that Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>			
6. Funeral Director Direct Disposer	Signature <i>u. J. Phads</i>		F.E. No./Reg. No. 4287	Date Signed 08/05/02

B. **BURIAL - TRANSIT PERMIT**

Permission to dispose of this body. Permit No. 2114-295

☒ A five (5) day extension for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *u. J. Phads* Date Issued: 08/05/02 Date Certificate Due: 08/15/02

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Examiner, Tom Willis, gave authorization by telephone to Jonathan Scott Funeral Director/Direct Disposer. Date 8/10/02

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: \_\_\_\_\_ Place of Disposition ORCC Services, Inc.

☐ BURIAL ☐ STORAGE Date of Disposition 8/7/02

☒ CREMATION ☐ OTHER (Specify) \_\_\_\_\_

Signature of Sexton or Person-in-Charge *u. J. Phads*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JULY 19, 2002 AT 10:30 AM

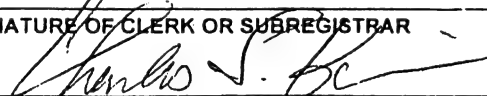
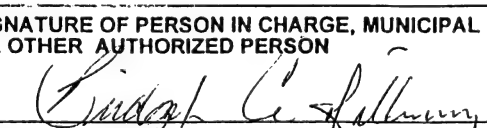
DISTRIBUTION OF COPIES: ☒ Place of Final Disposition☐ Place Permit Issued☐ Place of Death☐ Issuing Clerk - Retain Until  
Endorsement ReceivedSTATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES

PAUL J. BERRY, TOWN CLERK

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Brianna C. Kennedy			2. DATE OF DEATH (Mo., Dy., Yr.) July 10, 2002		
3. SEX F	4. AGE 5 Mos.	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Bangor Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Kincer Funeral Home 14 South Pleasant St. Richmond, Me 04357				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9594	
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF  
THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR → 		11. CITY OR TOWN Richmond	12. DATE SIGNED (Mo., Dy., Yr.) July 11, 2002
<b>DISPOSITION</b>			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT		14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		16. DATE (Mo., Dy., Yr.)
REMAINS WERE: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery		18. LOCATION (City or Town) (State) Southborough Massachusetts
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → 		20. DATE (Mo., Dy., Yr.) 7-15-02
DISPOSITION OF CREMAINS: <input type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		22. LOCATION (City or Town) (State)
	23. SIGNATURE OF RESPONSIBLE PERSON →		24. DATE (Mo., Dy., Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT		26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		28. DATE (Mo., Dy., Yr.)

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

2011 MAR 17 A 10:25  
SOUTHBOROUGH, MA

139225

0001979

BURIAL TRANSIT PERMIT

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE ->  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>George F KILLAM</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 22, 2011</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3959 Cedaredge Court</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Residence</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 20, 1943</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Massachusetts</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER <b>024-32-2847</b>	
14. KIND OF BUSINESS OR INDUSTRY <b>Fire Department</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert E KILLAM</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen O PIERCE</b>		18a. INFORMANT- NAME (Type or Print) <b>Kevin KILLAM</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3959 Cedaredge Court Las Vegas, Nevada 89120</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Sexton) <b>BART BURTON</b> <b>SIGNATURE AUTHENTICATED</b>		20b. LICENSE NUMBER <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Eastern</b> <b>7600 S Eastern Las Vegas NV 89123</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>LISA M JACKSON</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>February 28, 2011</b>		21c. HOUR OF DEATH <b>01:05</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 22, 2011</b>		21f. PRONOUNCED DEAD AT (Hour) <b>01:05</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>LISA M JACKSON 1704 Pinto Lane Las Vegas, NV 89101</b>				23b. LICENSE NUMBER <b>880</b>	
24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Arteriosclerotic cardiovascular disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>					
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>					
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Hypertensive cardiovascular disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Palm Crematory

(Name of Cemetery or Crematory)

Signature of person in charge  
of the cemetery or crematory

Date

3-3-11

VRs-Rev-20110104

BURIAL PERMIT

I hereby certify that the cremated remains accompanying this permit was disposed of in accordance with its terms at:

Rural Cemetery in Southborough, MA  
On March 12, 2011 in Sec. 5, Lot 1-A, Grv#2A

Certified by:



3

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF CREMATED REMAINS	
NAME OF DECEASED HELEN FAY KUTZ		DATE OF DEATH JUNE 29, 2012	
PLACE OF DEATH (STREET OR INSTITUTION) 1111 ONTARIO	CITY OAK PARK	COUNTY COOK	VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) DAWSON CREMATORY, FRANKLIN PARK, ILLINOIS			
<input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.			
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE JOANNA MARTIN, 833 W CHICAGO AVE, CHICAGO, ILLINOIS, 60642			
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE. SIGNED <u>CHARLES MICHAEL WILLIAMS</u> FUNERAL DIRECTOR			
FUNERAL HOME NAME AND ADDRESS DRECHSLER BROWN AND WILLIAMS FUNERAL HOME, 203 S MARION ST, OAK PARK, ILLINOIS, 60302			
REGISTRAR SIGNATURE DAVID ORR	DIST NO. 03100	DATE PERMIT ISSUED JUNE 30, 2012	
REGISTRAR ADDRESS RICHARD J DALEY CENTER, 50 WEST WASHINGTON CONCOURSE LEVEL, CHICAGO, ILLINOIS, 60602			

PART 2.1

I hereby Certify that the cremated remains of Helen Fay Kutz accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA  
 on July 20, 2012 Final Disposition Sec.6, Lot 52, Grv#6B  
 Certified by [Signature]  
 Cemetery Supervisor

RECEIVED  
TOWN CLERK'S OFFICE  
2012 JUL 26 P 3:01  
[Signature]

I hereby certify that the cremated remains of  
Richard J. Kutz were buried in Southborough's Rural  
Cemetery in Section 6, Lot 52, and in Grv#6A. Burial  
took place on March 30th of 2006.

*Bridget A. Gilleney-DeCenzo*  
Bridget A. Gilleney-DeCenzo (Cemetery Supervisor)

Illinois Department of Public Health  
Division of Vital Records

603355  
PERMIT FOR DISPOSITION  
OF CREMATED REMAINS

NAME OF DECEASED Richard John Kutz			DATE OF DEATH March 7, 2006	
PLACE OF DEATH (STREET OR INSTITUTION) Rush Univ. Medical Center		CITY Chicago	COUNTY Cook	VETERAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) Monarch Crematory, Franklin Park, IL				
<input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER				
IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.				
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE Michael Musacchio, M.D. 1653 W. Congress Hwy, Chicago, IL 60612				
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE.				
SIGNED <i>Charles M. Williams</i> Charles M. Williams, FUNERAL DIRECTOR				
FUNERAL HOME NAME AND ADDRESS				
REGISTRAR SIGNATURE <i>Cheryl Williams</i> DATE PERMIT ISSUED MAR 09 2006				
REGISTRAR ADDRESS				

RECEIVED  
TOWN CLERK'S OFFICE

2011 MAY 25 A 8:27

SOUTHBOROUGH, MA *mg*

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b>			1. BURIAL PERMIT NO	
<b>BURIAL TRANSIT PERMIT</b>			2. CITY OR TOWN	
3. DECEASED'S NAME (First, Middle, Last) MILDRED M LACOMBE			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) MAY 14, 2011
6. AGE 87 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 16, 1923	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD		9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other):				CODE: 1
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>				
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>MAY 18, 2011</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
16. FUNERAL DIRECTOR <b>MICHAEL J BALES</b>			17. N.H. LIC. NUM ONLY <b>940</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MA</b>				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-1 register if app.) <b>MICHAEL BALES</b>		20. CITY/TOWN <b>CONCORD</b>		21. DATE ISSUED (Month, Day, Year) <b>MAY 17, 2011</b>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Buried</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>5/18/2011</b>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>B-West Lot 44S</b>	31. GRAVE NO. <b>3</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>[Signature]</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				



No. 03-08

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town SOUTH BOROUGH Date Aug 7 2003

A satisfactory death certificate having been filed for

RUTH R. LAMBERT Full name of decedent

who died on Feb 20, 1977 date of death US War Veteran

born on Sept 13, 1930 date of birth, who resided at SOUTH BORO, MA

and who died of MALIGNANT LYMPHOMA give immediate cause

Permission is hereby given for (check all appropriate boxes): Sec. C-West

Removal from: RURAL CEMETERY Lot 40S, Grv#2 name and address of original disposition

Disposition at: ROUNSEVELL CEMETERY FREETOWN, MA name and address of cemetery or crematory

( ) Transportation to: name and address of immediate destination of remains

Permission is hereby given to:

MARKIS Funeral Home name of facility

40 MAIN ST. Address of facility

Paul J. Borg Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

Endorsement

I hereby certify that the body accompanying this permit was removed from Rural Cemetery Southborough, MA for a burial in Rounsevell Cemetery Freetown, MA

on August 12, 2003

Removal from Section C-West, Lot 40S, Grv#2

Certified by Cemetery Supervisor

Mark Index Card

## COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

**DISPOSITION / TRANSIT PERMIT**

(See reverse side for completion instructions)

No. **1154168****Section A – Local Registrar or Funeral Director**

Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.

Full Name of Decedent (1.) <i>Allen Campbell Langford</i>		Sex (2.) <i>M</i>	Date of Death (4.) <i>3-17-15</i>	Date of Birth (6.) <i>3-17-1935</i>
County of Death (15d.) <i>Lawrence</i>	City, Boro, Twp. of Death (15c.) <i>New Wilmington</i>	Facility Name (15b.) <i>235 E. Main Street, Care</i>		
Was Decedent ever in the U.S. Armed Forces? (9.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
Cause of Death (26.) <i>Metastatic Cancer</i>				
Authorized Method of Disposition (Check all that apply) (16a.)				Date of Disposition (16b.)
<input type="checkbox"/> Cremation (Authorization No., if applicable) _____ or verbal OK per: _____ NAME / DATE <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable) _____				<i>3-26-15</i>
Place of Disposition (Name of cemetery, crematory, or other place as listed in Item 16c.) <i>Southborough Rural Cemetery</i>				
Location (City/town, state, zip code as listed in Item 16d.) <i>Southborough MA 01772</i>				County (if in Pennsylvania)

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504, 28 PA CODE, CHAPTER 1, AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

**Section B – Local Registrar**

Signature and district number of Local Registrar issuing permit:

► *Margaret Baker* *143414*

Complete Address

*700 Smith Ave Sharon Pa 16146*

Was this permit released as a blank pre-signed permit prior to filing the death certificate?

☐ Yes ☒ No

If yes, date released to funeral director: \_\_\_\_\_

If no, date permit issued by local registrar: *3-20-15***Section C – Funeral Service Licensee (or person in charge of interment)**Funeral Director License # *011606-2*

Signature of Funeral Service Licensee (or person in charge of interment):

► *Craig Cushman Smith*

Date *3-20-15*

Complete Address

*310 W. Newmarket Ave New Wilmington, Pa 16142*

**Section D – Cemetery or Crematory Official**

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.

Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):

► *[Signature]* Date of Disposition *3-26-2015*

Complete Address

*Rural Cemetery Southborough, MA 01772 Full Earth Burial in Sec. M, Grv#350*

**INSTRUCTIONS FOR DISTRIBUTION**

This permit is valid for 30 days only from date entered in Section C of this permit.

**Copies 1, 2 & 3:** Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person in charge of interment) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, select option 6, option 3, and then option 2. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within 10 days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, select option 6, option 3, and then option 2, for the name and address of appropriate local registrar in district where disposition occurred. If place of disposition is not located in Pennsylvania, copy 2 should not be returned to the local registrar and should be filed in accordance with the respective state's policies.
- (3) Submit at the end of each month to: **Division of Vital Records, P.O. Box 1528, New Castle, PA 16103.**

**Copy 4:** Issuing local registrar retains for his/her files.

## INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- Vital Statistics Law 35 P.S., §450.504
- 28 PA Code, Chapter 1
- Any other Commonwealth Laws regarding disposition of dead bodies

### Section A

**Local registrar or funeral director is responsible for completion, as follows:**

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

### Section B

**Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:**

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) **OR** date Disposition/Transit Permit was issued by local registrar.

### Section C

**Funeral Service Licensee (or person in charge of Interment) is responsible for completion, as follows:**

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person in charge of Interment.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person in charge of Interment must enter date of signature.

**IMPORTANT:** The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

### Section D

**Cemetery or Crematory Official is responsible for completion, as follows:**

- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.



## APPLICATION FOR BURIAL — TRANSIT PERMIT

11-15-91  
@ 1:36 p.m.

A. (Type or Print)

1. Name of Deceased First Middle Last DATE OF DEATH Month Day Year  
Irene Rita Lawless november 9, 1991

2. Place of Death City, Town or Location Name of (If neither, give street address)  
County Brevard Indian Harbour Beach Hosp. or Inst. 212 N. Emerald Drive

3. Name of Medical Certifier ☐ Medical Examiner Address (407) 725-4500 Phone Number  
Joseph McClure, M.D. ☒ Physician 200 E. Sheridan Road, Melbourne, Fl.

4. Name of Funeral Home/ Direct Disposer Address Fla. Lic. No./Reg. No. Phone Number (Area Code)  
Beach Funeral Home 1689 S. Patrick Drive Indian Harbour Bch, Fl. 1491 (407) 777-4640

5. Check Appropriate Box  
a ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.  
b ☒ Dr. McClure was contacted on 11-9-91 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he will complete and sign the medical certification of cause of death.  
c ☐ was contacted on : He/she verified that , Medical Examiner, will complete and sign the medical certification.

6. Place of Final Disposition: ☐ In state cemetery/crematory - name/county: ☒ Removal from state ☐ Donation

7. Funeral Director/ Direct Disposer Signature F.E. No./Reg. No. Date Signed  
David P. Molineaux 1929 November 10, 1991

B. BURIAL — TRANSIT PERMIT Permit No. 139-91-191

Permission is hereby granted to dispose of this body.

☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☐ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature Nancy S. Molineaux Date Issued: 11-10-91 Date Certificate Due:

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_  
or  
Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_

\_\_\_\_\_ Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Methods of Disposition:

☒ BURIAL ☐ STORAGE  
☐ CREMATION ☐ OTHER (Specify)

Place of Disposition Rural Cemetery, Southboro, MA

Date of Disposition November 13, 1991

Signature of Sexton )  
or Person-in-Charge ) \_\_\_\_\_

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

RECEIVED  
TOWN CLERK'S OFFICE

2013 NOV 25 A 9:49

SOUTHBOROUGH, MA *MA*

## RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719  
Telephone: 508-999-6978 . Fax: 508-999-6964

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORY

### Cremation Certificate

Date: Friday, November 02, 2012

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the medical examiner prerequisite to the cremation of the body of Barbara E. Leeds who died on Tuesday, October 30, 2012 at the age of 91 have been duly presented.

Cremation Number 9005 Funeral Home: Potter

Cause of Death: Advanced Dementia

Late Residence: 285 Commonwealth Road  
Wayland MA 01778-

By: *Harry Grimley*  
Harry Grimley

I hereby certify that the cremated re-ains of Barbara E. Leeds Accompanying this certificate was disposed of in accordance with it's terms.

At *River-Side Cemetery* Town *Southborough, MA*

On *November 22, 2012* Final Disposition *File 466*

Certified by *D. C. Williams*  
Cemetery Supervisor, Town of Southborough

# RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719  
Telephone: 508-999-6978 . Fax: 508-999-6964

RECEIVED  
TOWN CLERK'S OFFICE  
2014 SEP 15 P 1:41  
SOUTHBOROUGH, MA

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORY

## Cremation Certificate

Date: Tuesday, September 02, 2014

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the medical examiner prerequisite to the cremation of the body of Jacquelyn E Leeds who died on Thursday, August 28, 2014 at the age of 58 have been duly presented.

Cremation Number 11143 Funeral Home: Potter

Cause of Death: Cardiopulmonary Failure

Late Residence: 118 Middle Road  
Southborough Worcester Co. MA 01772-

By: Harry Grimley  
Harry Grimley

I hereby certify that the cremated remains of Jacquelyn E. Leeds Accompanying this certificate was disposed of in accordance with it's terms.

At River-Side Cemetery Town Southborough, MA  
On Sept. 9, 2014 Final Disposition N/A # 196  
Certified by [Signature]  
Cemetery Supervisor, Town of Southborough

RECEIVED  
TOWN CLERK'S OFFICE  
2014 SEP 17 P 1:39  
SOUTH BOROUGHS, MA

State of Florida, Department of Health, Bureau of Vital Statistics



BURIAL TRANSIT PERMIT

DATE PRINTED: September 12, 2014

TRACKING NUMBER: 2014131938

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
MILDRED D LEVANDOSKY		September 10, 2014
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
MANATEE	BRADENTON	WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER M
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No.
BROWN AND SONS FUNERAL HOME & CREMATORY - 26TH ST F040460 5624 26TH ST WEST BRADENTON, FLORIDA, 34207		F040460
		Phone Number
		(941) 758-7788
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
DALE E. BROWN		F043622

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

  
Meade Grigg, State Registrar

Permit Number: 2014-F040460-5178  
Date Issued: September 12, 2014

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4. CEMETERY OR CREMATORY

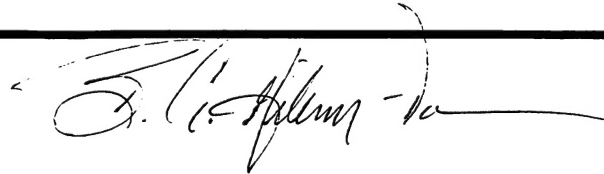
Place of Disposition:	RURAL CEMETERY	Sec. 1, Lot 26B, Grv#2
Method of Disposition:	REMOVAL FROM STATE	Date of Disposition: <u>Sept. 16, 2014</u>

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code



RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JUNE 1, 2004 AT 3:00 PM


State of Maryland / Department of Health and Mental Hygiene

Burial-Transit Permit (This permit must accompany remains to destination)

TOWN

2- For State Registrar

Reg. No. PAUL J. BERRY, CLERK

1. Decedent's Name (First, Middle, Last) <b>MARY DAVIS LEWIS</b>				2. Date of Death Month <b>MARCH</b> Day <b>19</b> Year <b>2004</b>		3. Time of Death <b>1:10 A M</b>	
4a. Facility Name (If not institution, give street and number) <b>MANOR CARE OF CHEVY CHASE</b>				4b. City, Town, or Location of Death <b>CHEVY CHASE</b>		4c. County of Death <b>MONTGOMERY</b>	
5. Social Security Number <b>013-14-3203</b>		6. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		7. Age (In yrs. last birthday) <b>88</b> Yrs.		8. Date of Birth (Month, Day, Year) <b>MARCH 2, 1916</b>	
9. Birthplace (State or Foreign Country) <b>MASSACHUSETTS</b>		10a. State <b>MARYLAND</b>		10b. County <b>MONTGOMERY</b>		10c. City, Town or Location <b>BETHESDA</b>	
10d. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10e. Street and Number <b>6204 VORLICH LANE</b>		10f. Zip Code <b>20816</b>		10g. Citizen of What Country? <b>UNITED STATES</b>	
11. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: <b>WHITE</b>	
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5+</b>		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) <b>TEACHER</b>		16b. Kind of Business/Industry <b>EDUCATION</b>		17. Father's Name (First, Middle, Last) <b>WILLIAM NORTH DAVIS</b>	
18. Mother's Name (First, Middle, Maiden Surname) <b>EVA BENNE LANDRY</b>		19a. Informant's Name/Relationship (Type, Print) <b>MARJORIE FRANKLIN / DAUGHTER</b>		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6204 VORLICH LANE; BETHESDA MD 20816</b>		20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. Place and Date of Disposition (Name of cemetery, crematory or other place) <b>CHESAPEAKE CREMATORY</b>		20c. Date <b>MARCH 24 2004</b>		20d. Location - City or Town, State <b>BELTSVILLE, MD</b>		21. Signature of Funeral Service Licensee 	
22. Name and Address of Facility <b>RAPP FUNERAL &amp; CREMATION SERVICES</b>		23. Address <b>933 GIST AVE; SILVER SPRING MD 20910</b>					


## Authority for Burial, Transportation, Removal, Cremation or Other Disposition

This burial permit, when completely filled in and bearing below the signature of the attending physician and funeral director, constitutes authority for burial, transportation, removal, cremation or other disposition of the deceased named above.

## Cemetery or Crematory Authority Shall Fill Out Section Below



The deceased named above was buried ☒ cremated ☐ in the cemetery or crematory named in Item 20b.  
 Burial was in Section **B-East** Lot **5** Grave **B**

I have made the appropriate entry in the cemetery or crematory register.

Signature  Date signed **15-15-04**  
 Sexton or other person in charge

This burial transit permit must be signed above by the cemetery or crematory authority. Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

If burial took place in Maryland this permit must be returned within ten days to the:  
**Maryland Department of Health and Mental Hygiene**  
**Division of Vital Records**  
**6550 Reisterstown Road Plaza**  
**Baltimore, Maryland 21215**

29a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		29b. Signature and title of certifier 		29c. License number <b>21407</b>		29d. Date signed (Month, Day, Year) <b>5-15-04</b>	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) <b>ROMAN R. TULLI MD, 10810 DARNLETTOWN RD #202 GAITHERSBURG, MD 20878</b>							
31. Date filed (Month, Day, Year)				32. Registrar's Signature 			

State Registrar

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

Warning: The law imposes a penalty up to \$200 upon any person who disposes of a dead body without a duly executed burial-transit permit.  
 Transportation: This permit must accompany the body to the final destination. When the body is to be shipped by common carrier, the casket containing the body or the outer case shall be constructed to prevent seepage or escape of odors.

Medical Certification: To Be Completed by Physician/Medical Examiner

To Be Completed by Funeral Director



No 489

Quito, 22 de Agosto del 2012

**CERTIFICADO DE CREMACIÓN**

El presente documento certifica que cumplidos los requisitos de ley, previa autorización y bajo la responsabilidad de los familiares, el día 22 de Agosto del 2012 se procede al Servicio de Cremación de Quien en Vida Fue:

**James David Lizotte  
Pierce**

Atentamente

*José Fortunatte*  
José Fortunatte  
FUNDEPAZ CIA. LTDA.

Tel: 02 222 2222  
E-mail: ventas@fundepaz.com.ec / info@fundepaz.com.ec

I hereby certify that the cremated remains of James David Lizotte, accompanying this permit, was disposed of in accordance with its terms:

at Rural Cemetery On December 7, 2013

Final Disposition Sec. 8, Lot 21, Grv#9A

Certified by *[Signature]*  
Cemetery Supervisor

RECEIVED  
OFFICE  
2013 DEC 27 A 9:21  
SOUTHBOROUGH, MA  
*[Signature]*